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Canadians' Thoughts on Their Health Care System:

Preserving the Canadian Model Through Innovation

by

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Executive Summary

This paper examines the evolution of Canadian public opinion on the health care system during the past twenty years. Specific attention is paid to the state of opinion since 1996. The author reviews and summarizes all publicly available polling data.

Canadians speak very clearly through the polls on a number of issues. First, Canadians are very attached and proud of their health care system. Second, they are very supportive of the principles of the Canada Health Act and what they understand to be the core elements of medicare, namely that the system is national and publicly-funded, and that it provides to Canadians universal coverage and medical care on the basis of need. Third, Canadians have perceived a marked deterioration in the quality of the system during the past decade, particularly in regards to waiting times for specialists, waiting times at emergency rooms, the availability of the best technology, and adequate numbers of doctors and nurses. Consequently, Canadians have become very worried about the future of the health care system.

Canadians have reached a mature, settled public judgment, based on decades of experience, that the Canadian health care model is a good one that should be preserved. This public judgment is reflected in the fact that the overwhelming response to perceived deterioration has not been to reconsider the model, but to call for governments to fix the system through better collaboration and management, the injection of more funds, and small modifications. Canadians are aware of the challenges faced by the system and are increasingly open to some experimental modifications, but policy debate on potential changes must be predicated on the presumption that Canadians like the Canadian health care model, have an attachment to the present system, and would like improvements designed to reinforce the system with which they are familiar, not undermine it through radical change. In regards to proposed reforms, Canadians prefer those changes that support the basic model and principles.

Canadians believe that access to medical care should be guaranteed by government, and recent surveys have shown that 91% believe that care should be based on need, 72% believe that Medicare embodies Canadian values, and only 8% believe that the American system is better than the Canadian. The attachment Canadians have to their health care system is not only symbolic: to the extent that they know about other systems, they prefer the Canadian.

Canadians are worried about the system's future and do not believe that all is well. Only 37% of Canadians agree with the statement that Medicare is just fine the way it is, a remarkably low percentage considering the great attachment that Canadians have to the system. In 1989, only 2% of Canadians said they had not been able to get the medical care they needed, while this jumped to 15% in 2001. Most Canadians (88%) believe there is a funding crisis or will be in the short-term, but most do not believe that the system can be fixed simply through the injection of more funds.

Only about 1/3 of Canadians say they support "two-tiered" or "privatization" models, with most Canadians strongly opposed to these proposals. The strong opposition to "two-tiered" health is in tension with Canadians' belief that individuals should be able to use their money as they see fit to protect their own health. Canadians are sensitive to the desire amongst many Canadians to spend their own money if they are facing a lengthy wait for treatment. While there is strong opposition in Canada to people being able to pay to go to the front of the line for procedures, when Canadians are faced with the proposition: "should Canadians be allowed to have the option of using private facilities with their own resources if they cannot get timely access in the public system," 73% say so. This is a crucial value tension: Canadians want to nurture the public system, but they fully sympathize with someone who wants to spend their own money to get the care they need.

The perceived deterioration within the system has made Canadians more open to a variety of options than they were a decade ago, provided that the core elements of the system are preserved and that these reforms lead to real and tangible improvements in quality without damaging accessibility. Canadians are aware of inefficiencies in the system, and aware of some of the incentives built into the system that perpetuate these inefficiencies and damage accountability. Most appear prepared to entertain reforms to the organization of primary health care. Any re-organization of primary care would attract more support amongst Canadians if it improved efficiency and accountability and eliminated waste and unnecessary procedures, all key preoccupations of Canadians. Reforms might also include the ability to "buy extras" or be insured for "extras" within the context of the core public system. Nonetheless, this report suggests very strong support for the public system, a willingness to pay to ensure quality, and a discomfort with either privatization or curtailing access to services, although support for some privatization experiments has gone up in recent years as Canadians struggle to find ways to maintain quality and access without large increases in taxes (only about 1 Canadian in 3 supports tax increases to fund improvements to the system).

Quality and accessibility are the key principles for Canadians, but polling questions related to the trade-off between access and quality are very difficult to interpret because just about all Canadians are deeply committed to both and most Canadians have not really thought about how to strike a balance between the two principles. Most older or low income Canadians instinctively choose "access" because many sense that they would be negatively affected by a system that did not guarantee equal access for all, while many wealthier Canadians choose "quality" because they are increasingly concerned that the best available procedures and technology are not being used because of cost considerations. Nonetheless, the two clear messages emerging from many polls are that Canadians have become increasingly concerned about the quality of care provided by the health care system, and that quality and access can be understood as the two key principles of the health care system to which most Canadians are deeply attached.

Canadians strongly believe that the federal, provincial, and territorial governments all have a role in health care reform, and a strong majority supports collaboration between governments on the health care file and a majority holds both

governments responsible for the current state of health care. Canadians very much support national standards and value the notion that there is one national system of health care. However, they have a preference for the federal, provincial, and territorial governments working together to set national standards, rather than having them imposed by one order of government.

Canadians very much like the Canadian health care model, but most are increasingly aware that it has not evolved to respond to technological and scientific changes, nor to the way Canadians think and behave. Many Canadians have become more informed and empowered health care consumers, and reforms to the health care system must respond to this change. Any reform, however, must recognize that there remain important socioeconomic differences on many questions: women, the elderly, those who are more economically vulnerable, and residents of Atlantic Canada and Ontario are especially resistant to changes that could damage accessibility and the public system. Most Canadians, including the more economically secure, remain deeply committed to a system that guarantees all Canadians access to good quality health care.

Introduction

This study provides an overview of Canadian public opinion on the health care system. All available Canadian public opinion polls since 1985 on health care were examined. The evolution of opinion during this period, as well as current views and Canadians' core values related to the health care system, were identified. Searches were conducted at the Parliamentary Library for all surveys commissioned by the government of Canada, including those conducted by Health Canada, that have been made public in conformity with Canada's Access to Information Act. Searches were also conducted at the Canadian Opinion Research Archive at Queen's University. Canada's major polling firms were contacted subsequently for any recent polls they had conducted. In all, over 1,000 survey questions conducted in over 100 polls were identified,[1] only a small percentage of which are presented in this report. Poll results were selected that are most representative and best highlight the general trends and state of Canadian public opinion.

Canadians very much like the current *Canadian health care system model*, with 88% saying that a strong, national, publicly funded system is important to them (Figure 1). They have a strong symbolic attachment to it and overwhelmingly prefer it to others with which they are familiar. Canadians strongly believe that the government should pay for the health care of all citizens (Figure 2) and believe that the health care system is a public good. During the past decade, however, Canadians have undergone a quite dramatic re-evaluation regarding the *performance of the system*, concluding that the system has deteriorated. While 61% of Canadians thought the system was excellent or very good in 1991 (and an additional 25% thought it was "good"), only 29% shared that view in 2000 (with an additional 34% saying it was "good") (Figure 3).

Despite this perceived decline over the past decade and dissatisfaction with a number of key aspects of the system, this report shows that Canadians continue to prefer the Canadian model. They have reached a mature, settled public judgment, based on decades of experience, that the Canadian health care model is a good one. Some public opinion polls elicit off-the-cuff, transitory responses to recent events, while others represent informed and relatively stable preferences that reflect people's deeply held views. The latter can be thought of as "public judgment" rather than just "public opinion,"[2] and

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[1] This review examined surveys from CROP, Decima, Earnscliffe, Ekos, Environics, Goldfarb, Ipsos-Reid, and POLLARA, as well as Canada Health Monitor/Berger Report, the Centre for Research and Information on Canada's annual "Portraits of Canada," and quantitative and qualitative data collected by the National Forum on Health (Government of Canada), the Saskatchewan Public Commission on the Future of Medicare, and a number of international studies. Data presented in this report were sometimes taken from reports that did not provide full details of results, such as the percentage of undecided respondents. The author did not have access to micro-level electronic data for the purposes of more detailed analysis. Thanks are owed to Earl Berger, Jason Brent, Fred Cutler, Darryl Bricker, Donna Dasko, Frank Graves, and Andrew Parkin for making their polling data available. Thanks are also offered to the public servants from Health Canada and the Privy Council Office who worked diligently to make their data accessible. Karen Jackson, Judith Maxwell, and Sandra Zagon of the Canadian Policy Research Networks also provided invaluable advice, as did Thomas McIntosh and Pierre-Gerlier Forest, and the anonymous reviewers of this paper.

[2] Daniel Yankelovich, *Coming to Public Judgment: Making Democracy Work in a Complex World* (Syracuse: Syracuse University Press, 1991).

although Canadians are still grappling with what to do in the future, they have reached a public judgment about the past: they like Medicare and think it should be preserved.

This public judgment is reflected in the fact that the overwhelming response to perceived deterioration has not been to reconsider the model, but, as shown in this report, to call for governments to fix the system through better collaboration and management, the injection of more funds, and small modifications. Canadians are aware of the challenges faced by the system and are increasingly open to some experimental modifications, but policy debate on potential changes should be predicated on the presumption that Canadians like the Canadian health care model, have an attachment to the present system, and would like improvements designed to reinforce the system with which they are familiar, not undermine it through radical change. Canadians continue to overwhelmingly prefer the Canadian to the American system and reject the proposition that they would prefer to be treated in the United States if they had a serious illness. The results indicate a strong symbolic attachment to the health care system and likely measure to some extent the importance of Medicare to the Canadian identity, but they also show a real preference for the Canadian over the American system (Figures 4, 5 and 6).

To best understand Canadians' views regarding their health care system, it is useful to recognize that Canadians have different views regarding: 1) Medicare as a symbol, 2) the core principles of the Canadian health care model, 3) the system's recent performance, and 4) proposed future reforms. At the *symbolic level*, Canadians are highly attached to the Canadian universal health care system, believe it is part of the Canadian identity, and resist changes that would destroy this symbol. Canadians are also very supportive of the *core principles of Medicare as they understand them*, such as universality, accessibility, and comprehensiveness, and prefer their health care model to others. Canadians have traditionally believed that access to medical care should be guaranteed by government (Figure 7), and recent surveys have shown that 91% believe that care should be based on need, 72% believe that Medicare embodies Canadian values, and only 8% believe that the American system is better than the Canadian (Figure 8). However, in regard to *the performance of the system*, over the past five years about two-thirds of Canadians have consistently said that they sense deterioration and many are worried about the future (Figure 9).

In regard to *proposed reforms*, Canadians prefer those changes that support the basic model and principles; if larger changes are necessary, Canadians are far from settled on a program of action. In a recent national survey, Canadians were presented with three rather detailed options for sustaining the system. Only about 1 in 3 supported privatization, and fewer than 1 in 10 supported cutting access to certain services; over half supported investing significantly more money in the system (Figure 10), and while significant increases in public funding may be unrealistic from a budgetary and public policy standpoint, the results are a strong testament to the support for the system in all regions of the country.

However, Canadians do not believe that more money alone is the solution, and from a public policy perspective, significant increases in health care spending may be unrealistic. During Saskatchewan's public commission on Medicare, citizens were sent a brochure outlining the challenges and choices confronting them and their health care

system. Most recognized that adding more money alone was not the solution, while few opted for increased privatization. The overwhelming consensus in Saskatchewan was in favour of maintaining the core principles of Medicare, while making changes to the way health care was managed and delivered (Figure 11). There is no reason to suspect that Canadians in other provinces would respond much differently when faced with these choices. In Ontario, for example, a recent survey found that 76% of respondents agreed that adding more money alone was not sufficient to cure what ailed the health care system (Figure 12).

Summary

Taken together, these results suggest very strong support for the system, a willingness to pay to ensure quality, and a discomfort with either privatization or curtailing access to services, although, as discussed in the main body of this report, support for some privatization experiments has gone up in recent years in response to perceived deterioration within the system as Canadians struggle to find ways to maintain quality and access without large increases in taxes. Canadians have a great attachment to their health care system and the concept of universal coverage. Medicare remains one of the most important and valued symbols for Canadians' sense of citizenship and most Canadians see health care as a right. But the attachment Canadians have to their health care system is not only symbolic: Canadians speak very clearly through the polls that, to the extent that they know about other systems, they prefer the Canadian model, which they understand to be a national, publicly funded system, defined by the core principles of universal coverage, accessibility and treatment based on need. However, Canadians are worried about the system's future and do not believe that all is well, or that the system can be fixed simply with the injection of more funds.

Many of the polls reported in this analysis provide the results of "easy questions." Increasingly, the choices facing Canadians and their governments are difficult choices involving tough trade-offs. On these questions, the public opinion data are not as extensive or as reliable. In the context of a poll, many respondents will express views that highlight that "they want it all," and it is only if presented with real world constraints that Canadians will be able to address realistically the difficult choices in front of them. These difficult choices require sustained public dialogue between parliamentarians, public servants, interest groups, experts, and the general public. On particularly important issues, governments require the consent of the public in order to move forward. Only through a sustained public debate, where Canadians are asked to think about the future of the system and choose between an array of realistic options, will governments be able to build sufficient consensus to make major changes to the Canadian health care system. It is true that many Canadians do not know the details of the health care system in the same way policy specialists do. For example, almost 7 in 10 Canadians could not name one principle of the *Canada Health Act* (CHA) (Figure 13). However, Canadians have had personal experiences with the health care system, have great knowledge of its strengths and weaknesses, and understand its basic principles even if they are unfamiliar with the CHA. The fact that they may not have technical knowledge regarding the details of legislation should in no way be taken to indicate that Canadians do not have meaningful,

well-informed, and reasonable attitudes toward the system. They do, and these values will be called upon to make decisions about its future.

I Background: Growing Concerns about Health Care

Health care has steadily risen as a priority issue for Canadians during the past five years. It is important to recall that just 10 years ago, fewer than 1% of Canadians said that health care was the most important issue, while that rose to about 50% of Canadians in the year 2000 (Figure 14). There is no sign that this priority is going to abate in the short term, despite renewed concerns regarding the economy and security in the wake of the attacks of September 11. Although concerns about these issues rose in the autumn of 2001, they have joined, rather than replaced, health care as a preoccupation for Canadians.

Many Canadians are quite pessimistic about the future of the health care system, with most believing that the system will cost more, that individuals will have to pay for more services themselves, and that there will be a greater demand on the system (Figure 15). Most also believe we are losing ground, and only 14% believe we are making progress (Figure 16). Although some of these surveys were conducted before the new federal injection of funds in 2000 and 2001, there is no sign that these funds addressed Canadians' concerns regarding the long term, with 88% of Canadians still believing that there is a major funding crisis – or will be one in the near future (Figure 17). Only 37% of Canadians agree with the statement that Medicare is just fine the way it is – a remarkably low percentage considering the great attachment that Canadians have to the system (Figure 18). These numbers suggest that Canadians are very much aware of problems within the system. A decade ago, around the time of the National Forum on Health, Canadians were very satisfied with the system's performance, which is no longer the case today.

In 1988, Canadians more than citizens in a number of other countries thought that their health care system was in basically good shape; by 1998 that was no longer the case, with a strong majority of Canadians (79%), like a strong majority of citizens of the United Kingdom, the United Stages, Australia, and New Zealand, saying the system needs some "major changes" or "needs to be entirely rebuilt" (Figure 19). Whereas a decade ago, Canadians stood out as uniquely satisfied with their health care system, today their judgments are quite comparable to those of citizens in other countries. Still, only 23% of Canadians believe that the system needs to be "entirely re-built," highlighting that Canadians will go along with changes that support rather than undermine the Medicare system.

Canadians do not blame one political party or one order of government. A variety of surveys show that Canadians' negative judgments about the performance of the health care system are generalized to all governments (Figures 20 and 21), with little inter-provincial variation, although the provincial governments have been perceived to be somewhat more responsible (Figure 22).

A remarkably high 20% of Canadians who have used the system in the previous year judge the quality of care they received as "fair" or "poor," only 78% agree that their experience with the system was positive, and almost 1 in 4 say they are not confident that they could receive the care they needed if they became ill (Figures 23, 24 and 25). Among Canadians who used the health care system, the number who said they were

unable to access the health care they needed now stands at 15%, up from 2% in 1989 (Figure 26), with little regional variation (Figure 27), again highlighting a systematic national problem, rather than one that can be readily attributed to one government or political party alone. While the vast majority believe that the system can meet their needs, they are more skeptical about the system's ability to meet the needs of all (Figure 28), and there has been a significant increase in the number of Canadians who have had negative experiences with the system in terms of access and quality.

An increase from a paltry 2% to a significant 15% in a decade, and the fact that somewhere around 1 Canadian in 5 (depending on which survey one examines) was unsatisfied with their experience with the system must be seen as a sign of concern. If we look at the percentage of Canadians who said they had *difficulty* accessing the health services they needed – rather than the percentage who said they were *unable* to access services – the number jumps to 34%, up from 18% in 1989 (Figure 29). Canadians are increasingly feeling stresses on their system, and they report more difficulty seeing specialists than residents of the United States, the United Kingdom, Australia or New Zealand, with 46% saying they had had at least some difficulty (Figure 30). Canadians are also concerned about waiting times at emergency rooms and for other procedures (Figures 31 and 32).

Summary

Although Canadians are worried about the system and judge it to be of lower quality than it was a decade ago, most continue to be satisfied with the quality of care they have received, and when asked if they are confident that they will be able to get the care they need, they say "yes." But Canadians are increasingly pessimistic about the future of the system, are increasingly worried about getting access to the care they need in a *timely* fashion, and a growing number of Canadians have been unhappy with their experience with the system during the last three years.

II Canadians' Evolving Values in Regard to Health Care

Canadians' New Values

The past two decades have seen a gradual shift in Canadians' values toward preferring greater personal autonomy, empowerment, and the desire to make choices on their own in a wide range of areas.[3] Canadians are today more resistant to the collective provision of services generally than they were two decades ago, and have increasingly adopted a mentality that expects responsiveness and a high quality of service, delivered in a manner that meets their individual needs. Although these represent a real evolution in values, the commitment to the collective provision of health care, as we have seen, remains strong.

The importance of accountability as a general value orientation has also increased in the minds of many, with Canadians expecting greater accountability from governments to citizens. This accountability implies more efficiency from government, a better management of public funds, and fiscal responsibility, particularly after living through the deficits and subsequent cutbacks of the early 1990s. Canadians, however, have not abandoned their values regarding sharing, compassion, and community. For example, 83% of Canadians support the equalization program, designed to ensure that all Canadians, regardless of the wealth of their community, have access to good quality health care and schools (Figure 33). The National Forum on Health identified compassion as one of Canadians' fundamental values, and this remains true, though Canadians are now more likely to express this in ways consistent with greater autonomy for individuals.

The shift in values toward a greater sense of personal autonomy, which has been more prominent among men and the well-off, is the background against which many choices about health care must be made: how does one maintain a universal, publicly funded system, while offering Canadians more choice and autonomy? Any proposed reform must increase rather than decrease accountability, while remaining fiscally responsible. It must also increase patients' autonomy and choice, while at the same time preserving the key elements of Medicare and the public, collective system, which values compassion and does not abandon the more vulnerable members of the population.

Acting on Values

Canadians are increasingly engaging with their doctors about their treatments (Figure 34). They are increasingly accessing health information on-line and discussing this information with their family physician as many become more empowered health care consumers. Canadians are increasingly prepared to engage with their doctor on-line, particularly for more routine matters (though there are predictable sociodemographic differences on these questions).

Although the trend is unmistakable and the transformation of the habits of some Canadians over a short time period is quite dramatic, one must be careful not to overstate the extent to which Canadians are currently prepared to use the Internet for health related

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[3] Neil Nevitte, *The Decline of Deference* (Toronto: Broadview Press, 1996).

matters: in 2001, 43% of Canadians had visited a health related site on the Internet, and of these, 67% would be prepared to make appointments with their physician using e-mail, which still represents only 29% of all Canadians (Figures 35 to 38).[4] Among Canadians over the age of 65, many of whom are frequent users of the health care system, fewer than 5% are prepared to interact with their physician via e-mail.[5] Very few Canadians actually buy health products on-line (Figure 39). The vast majority of "alternative medications" used consist of vitamins, though 16% of Canadians claim to have used homeopathic remedies in the previous 6 months and 38% claim to have used herbal remedies over the same time period (Figure 40). Chiropractors, massage therapists, naturopaths, herbalists, acupuncturists, and homeopaths are the most frequently used alternative health providers (Figure 41), with about 1 in 4 Canadians in 1999 saying that they had used some form of alternative treatment, though one must keep in mind that most of these people are nonetheless more reliant on the traditional medical system. Women, the young, the well-educated, and the well-off are most likely to use these alternative health providers. Use of alternatives medications increases as one travels west in the country (Figure 42).

All of these behaviours highlight the changing values and capabilities of Canadians, and the trend is likely to continue. Reforms must acknowledge this evolution and respond to it. Yet these behaviours are not evidence that Canadians have gone running to alternative or non-traditional procedures at the expense of traditional medicine: most people go on-line to look for mainstream health information and use traditional sources (Figures 43 and 44). Moreover, many Canadians are still quite wary of the Internet, and many Canadians, particularly older and more economically vulnerable Canadians, continue to adopt a passive, deferential attitude when dealing with their physicians and the health care system.

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[4] These figures may slightly overestimate actual Internet use. According to another source, only about one Canadian in four had looked for health related information on-line in 1999 (Statistics Canada, *Innovation Bulletin Analysis*, Vol. 3, no. 1, February 2001: 10).

[5] C. Silver, *Internet Use Among Older Canadians*, Connectedness Series no. 4, Statistics Canada, 2001.

III Sustainability

Support for the Canadian Health Care Model but Growing Concerns

It has become commonplace to state that Medicare has become a core component of Canadians' national identity and that it has become symbolically important to Canadians. While this conceptualization is accurate, it risks distracting us from a more important point: Canadians overwhelming prefer the Canadian health care model because they think it is better and fairer.

The five principles of the *Canada Health Act* (CHA) continue to be overwhelmingly supported, with about 4 in 5 Canadians saying that universality, accessibility, comprehensiveness, and portability remain "very important" (Figure 45), although, as discussed earlier, most Canadians cannot recall these principles if asked an open-ended question in a survey. The importance of the principle of public administration has declined in recent years, though 56% continue to say it is "very important," with many more saying it is "somewhat important." Support for "public administration" has declined over the past two decades, but it is still supported by a strong majority of Canadians, and polls reveal little support for abandoning public administration or other principles of the CHA (Figure 46).

In 2000, even when asked about maintaining health care *entirely* as a public program – which is somewhat misleading because the health care system is not currently *entirely* a public program[6] – only 36% opt for some private elements. This is strong testament to the deep, residual support for the principles inherent to the system. However, over the past year, support for a program that is entirely public has slipped, with 42% of Canadians now supporting a system that has some private elements (Figure 47). Quebec and British Columbia are the most supportive of private elements, while Ontario and Atlantic Canada remain most resistant. This suggests that increasing numbers of Canadians support a system with some private elements so long as the core of the system is maintained. This increased support may reflect the fact that Canadians are very worried about the deterioration within the system, and may also reflect the fact that Canadians increasingly understand that the system is not "entirely public" at the moment.

When Canadians are asked, they consistently say that we should not cut spending on health care. In 2001, 78% of Canadians said we were not spending enough on health care, while only 4% said we were spending too much (Figure 48). Canadians consistently say that our system does *not* cover too many services (Figure 49) and are willing to pay to ensure quality. In the mid-1990s, Canadians were very focused on putting more money back into the health care system (Figure 50), but, as discussed in the next section, Canadians now recognize that reforms, not only money, are required.

Concerns about the quality of care, understood as *timely* access to the *best quality* care, have increased in recent years. "Quality" has gradually become more important to

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[6] The system is not "entirely public" because many non-essential services are not covered by Medicare, such as some eye exams, and many products are not covered by Medicare, such as prescription medications. Individual Canadians can also pay for private insurance or can pay out-of-pocket for things like private rooms in hospitals or additional health care attendants.

Canadians in the past seven years because they have sensed deterioration in the system. Some of Canadians' highest concerns relate to waiting times, a lack of the most sophisticated equipment, and shrinking staffs (see Section IV, Tough Choices, Figures 91 and 92). "Quality" and "equal access for all" are now judged to be of equal importance (Figure 51). Yet in 1998, 64% of Canadians agreed that "we need to maintain equality of access, even if it means that we cannot have the highest quality care" (Figure 52). And as discussed below, access remains particularly important for the more economically vulnerable (see Section VII, Figure 119), a difference that cannot be overlooked in any proposed reform.

What should we make of these ambiguous findings? It is clear that polling questions related to the trade-off between access and quality are very difficult to interpret because just about all Canadians are deeply committed to both. Therefore, questions that ask Canadians to choose between the two principles provoke somewhat artificial messages because Canadians have not really thought about how to strike a balance between them. Most older or low income Canadians instinctively choose "access" because many sense that they would be negatively affected by a system that did not guarantee equal access for all, while many wealthier Canadians choose "quality" because they are increasingly concerned that the best available procedures and technology are not being used because of cost considerations. Nonetheless, the two clear messages emerging from these polls are that Canadians have become increasingly concerned about the quality of care provided by the health care system, and that quality and access can be understood as the two key principles of the health care system to which most Canadians are deeply attached.

IV Proposed Improvements

Canadians and their governments need to make choices about the future of their health care system, but available survey data reveal that Canadians have not yet made these difficult choices and have not come to terms with some of the realities of escalating costs. Even though Canadians say that Medicare should cover more services, when asked how one could pay for this, most Canadians are not willing to choose between a variety of realistic options. For example, in 2000, when residents of Saskatchewan were presented with scenarios for generating revenues for the health care system, 41% refused to choose between the options (Figure 53). Many Canadians would prefer to find a way to preserve the health care system without cutting spending in other key areas, raising taxes, or privatizing key components of the system.

In a national survey, few Canadians said they thought increased spending on the health care system should come from taxes or other social programs. Instead, they supported taking money from other government programs – something which policymakers may find unrealistic, or making those who can afford to pay do so – something which opens the door to means-testing (Figure 54). Both of these options – "get the money from other government programs" and "make the wealthy pay" – are easy replies in the context of a survey, but may not offer viable guidance for reform. While Canadians have arrived at a settled public judgment that they prefer the current model, and while they are increasingly aware of problems within the system and are prepared to consider reforms, they have not yet arrived at a judgment about what needs to be done.

More Privatization?

Canadians are only beginning to focus on the subtle distinctions between various models that include additional private elements, such as private delivery, user charges, private insurance, or a "two-tiered" system. The distinction between privately operated clinics providing basic health care to everyone but paid for out of public monies, as opposed to a parallel system in which individuals can pay, are terribly important public policy distinctions, yet Canadians have not come to a public judgment on these issues. For now, Canadians continue to generally resist privatization, but grasp for proposals that can protect and improve the public health care system.

In general, about one-third of Canadians say they support a "two-tiered" or "parallel" system. In 2001, 31% of Canadians offered support when the option was framed as relieving pressure on the existing public system, up from 26% in 1999 (Figure 55). Depending on the question, 31%, 29% or 33% express support for a parallel private system (Figures 56 and 57). However, one recent poll found the public more evenly divided on a "two-tiered" health care system, but there are reasons to be skeptical that support is this high. First, the question asks participants to agree or disagree that it is "alright" if Canada introduces two-tiered medicine, a much softer wording than "support." Second, even with this softer wording, 38% of Canadians continue to "strongly disagree" with the statement, while only 19% "strongly agree," highlighting the intensity of opposition and the lack of intensity among those who say they support a two-tiered system (Figure 58).

There appears to have been little movement in opinion between 1996-2001 on the question of whether Canadians should be able to pay extra money to get quicker access, standing at 36% support, though in British Columbia and Alberta people are about evenly divided on the question (Figures 59 and 60). A 1998 poll pegged support for "queue jumping" even lower, at 24% (Figure 61). The Berger Report found strong disagreement with the proposition that one could pay to wait a shorter time (46% of Canadians "strongly disagreeing" with many more "somewhat disagreeing"), and this jumps even further to 67% when this is phrased as "people paying to go to the front of the line" (Figure 62). Nonetheless, most people think they personally would be okay if they could pay for quicker access (Figure 63), presumably because most Canadians believe they could afford small fees for health care. This implies that Canadians' commitment to a one-tiered system is not only based on worry about how they would fare in an alternative system, but is also an expression of their values. Most Canadians have a deep commitment to one system, where all receive equal access to treatment. They recognize that the best way to nurture and preserve the system is to have all Canadians – rich and poor, young and old – participating in the system.

The strong opposition to a "two-tiered" health care system is in tension with Canadians' belief that individuals should be able to use their money as they see fit to protect their own health. Canadians are sensitive to the desire among many Canadians to spend their own money if they are facing a lengthy wait for treatment. While some polls have shown opposition to queue jumping, when Canadians are faced with the proposition: "should Canadians be allowed to have the option of using private facilities with their own resources if they cannot get timely access in the public system," 73% say so (Figure 64). We see here the crucial tension: most Canadians want to nurture the public system, but most also fully sympathize with someone who wants to spend their own money to get the care they need, a tension not at all easy to resolve.

A good deal of polling was done on Alberta's Bill 11, which pays private clinics out of public money. The present report is not particularly interested in the details of Bill 11 itself, but the polling on the issue was quite detailed and provides insight into what Canadians think about real-world privatization models. Canadians at first appear fairly evenly divided between supporters and opponents of a Bill 11 model (Figures 65 and 66), which contrasts markedly with the generally strong opposition to a "two-tiered system" discussed above. Yet it is important to note that the questions asked in Figures 65 and 66 referred to private clinics paid for out of public funds, implicitly focusing on non-emergency services designed to relieve pressure on the public system – a modest version of privatization. Furthermore, opposition is far more intense, with a far greater number of Canadians "strongly" disagreeing than "strongly" agreeing to the model. Nonetheless, the numbers do indicate some acquiescence toward some amount of privatization. Canadians are not enthusiastic about it, and they continue to believe that the Canadian health care model is the best available, but when defined in narrow terms, Canadians can be made to acquiesce, that is, to say that they "somewhat support" some private options within the context of a public system.

Another testament to the support Canadians have for their health care model is that arguments in opposition to Bill 11 are far more persuasive than those in support (Figures

67 - 70). These included the argument that Bill 11 undermines the principle of universality and moves us closer to an American style health care system. About 4 in 10 Canadians find the arguments against Bill 11 very effective, with many more finding them somewhat effective. Canadians are also much more likely to strongly agree with arguments in opposition to Bill 11, such as the importance of putting money into the public rather than the private system. Only about 1 in 4 or 1 in 5 find the arguments in favour of Bill 11, such as improvements in the speed of service and the cost to the country, very effective. Likewise, Canadians are less likely to strongly agree with arguments in favour of Bill 11. The only argument which attracts a good deal of strong agreement is the one that posits that Canada should "do anything that improves the quality of health care, including paying private facilities," highlighting how Canadians are willing to acquiesce to a variety of things in the context of a poll when they are framed as improving quality and responding to perceived deterioration. These findings mirror the similar findings in regard to arguments regarding privatization generally, where arguments in opposition are greeted with much more agreement than arguments in favour (Figures 71 and 72).

User Fees?

Many Canadians (almost half in 1995) expressed support for user fees for hospital visits (Figure 73). The reasons behind this support require scrutiny. Canadians have some openness to user fees because they believe these will discourage overuse by those who do not really require care (93% of Canadians offered this view, according to the Berger Report in 1996). As found in qualitative research, some Canadians support user fees because they believe they are a useful way to raise revenue and ensure the long-term viability of the system. There is greater support for user fees for those who use the system at a higher rate than the norm (Figure 74). However, although Canadians express support for user fees in certain contexts, Canadians do not really want to "bill the ill" and the notion that Canadians would support extra billing cancer patients for their frequent chemotherapy seems far-fetched. If told that some people were not getting the care they needed, almost all express the view that the community or government should pay (Figure 75). What these poll results show is that many Canadians believe that there are those who take advantage of the system. Canadians' support for user fees can be understood as their support of a relatively pain free way to "save the system," particularly at a time when many Canadians have become increasingly used to user fees for a variety of previously free public services.

Home Care and Pharmacare?

Canadians have not reached a consensus on whether they support the expansion of publicly funded pharmacare and/or home care. Home care seems to be more widely supported than pharmacare (Figure 76). This is in part because many Canadians – about half, according to the 2000 Berger Report – have private insurance that covers their prescription medication, and in part because a growing number of Canadians – now up to 25% – have to take care of relatives at home (Figure 77), usually incurring financial costs (Figure 78). When told that prescription drugs are publicly insured in most other countries, only 27% still believe that there should be no pharmacare program in Canada (Figure 79), again highlighting that many Canadians, in an ideal world, would like the system to cover more services than it does presently. However, when reminded of potential costs, most believe that only drugs for serious illnesses should be covered (Figure 80). Many proposals for new national programs are greeted favourably in polls because trade-offs or costs are not made explicit in the question.

Primary Care Health Service Teams?

One option for reform of primary care that has been discussed by health care professionals is the more extensive use of teams of practitioners. After being presented with some details regarding this model, most Saskatchewan residents found the model initially appealing (Figure 81). In particular, the model is attractive because it appears to address issues such as the unnecessary use of the emergency room and frequent and unnecessary visits to one's family physician. Most Canadians say that they find it acceptable to see a specialized nurse rather than a doctor for routine procedures (Figure 82), and they have indicated that they are generally attracted to the idea of their doctor working in a larger team (Figure 83). In general, there appears to be a good deal of openness to the idea of primary health service teams, though Canadians have not yet thought much about the issue. Canadians might oppose a change that threatened their relationship with their family physician, although there are no reliable data on this precise question. The overwhelming majority of Canadians continue to have a family physician and any move to the implementation of health service teams would need to allow Canadians to choose their own family doctor and develop the level of trust that comes with such a relationship.

The Future of Hospitals?

Many Canadians continue to believe that the preservation of their local hospital is crucial to good quality health care. Although data on this question are sketchy, the Saskatchewan Commission found that residents of smaller communities were very resistant to the idea of closing smaller, rural hospitals, despite growing evidence that these provide a poorer quality of care (Figure 84). Yet there is clearly an ambivalence to Canadians' views. A surprisingly large majority said that more money should be invested in alternative systems of delivery, such as home care and community-based clinics, than in the existing network of hospitals (Figure 85). Moreover, while many support maintaining their local hospitals, most recognize the advantages of combining the

services of some hospitals and possible improvements in quality, and are not overly worried about travel time or a lack of personal attention (Figure 86). These data suggest that there is more openness to alternative systems of delivery for health care than suggested by the data collected during the Saskatchewan Commission.

Extending Life?

When Canadians were asked in 1999 about how important a number of goals were for the health care system, providing life-extending treatments scored much more poorly than a number of other objectives, with only 33% of Canadians saying it was a very important priority (Figure 87). It is a difficult subject for political leaders to discuss, but one that is on the minds of many Canadians, and one that will need to be addressed in a public way in any serious discussion of health care reform when making difficult choices regarding which medical services are fully covered by the public system: how much effort should be invested in prolonging life by a few months, if this does not represent an improvement in the quality of a patient's life? In 1995, 63% of Canadians said they had at least some support for the idea of doctor assisted suicide, again highlighting that many Canadians are not at all convinced that extending life whenever possible is the wisest choice (Figure 88).

A "Wellness Agenda"?

Canadians consider the promotion of health and wellness an important goal (see Figures 87 and 89). This does not mean that they would like the government of Canada to send out information on how to stay healthy, but they do support the government participating in the elaboration of a strategy that promotes Canadians' long-term health. Qualitative and quantitative research have consistently shown that Canadians believe the job of the health care system is not only to treat disease when patients walk through the door of a hospital, but also believe that the health care system has a responsibility to be actively engaged in implementing strategies that improve the overall health of Canadians. The Saskatchewan Commission on the Future of Medicare found that only 29% of respondents believed that the health care system had no role in the general promotion of health.

Tough Choices

Most Canadians express support for a large number of potential improvements in the short term, such as guarantees on waiting times, the purchase of more equipment, and telemedicine (Figure 90). But that Canadians express support in the abstract for attractive proposals is not surprising. The key question for policymakers is which attractive proposals are the most popular with Canadians and accorded the highest priority.

In qualitative research work in September 2000, Canadians were asked to rank a number of goals in terms of their overall priority (Figure 91). Adequate numbers of nurses, doctors, and specialists was deemed to be the most important goal, followed by

the availability of services 24 hours a day, expanded home and community care, expanded support for community health clinics, better access to modern medical technology, and improved access to specialists. Pharmacare, health promotion activities, increased performance measurement and reporting, and expanded use of health information technology were given lower rankings. Participants were then presented with a variety of facts and discussion about the health care system and then asked to re-rank the priorities. Although there were some significant shifts, the four items judged to be of low importance continued to rank at the bottom of Canadians' list of priorities, and the provision of adequate numbers of doctors, nurses, and specialists across the country continued to be the most important goal (Figure 92). A large survey conducted around the same time produced broadly similar results, suggesting that these results represent a fairly accurate reflection of Canadians' current priorities in regard to health care.

V Accountability

In this section, Canadians' views regarding accountability will be examined. Canadians have come to expect greater accountability from the government generally and the health care system specifically, meaning that they expect more controls on how money is spent to ensure that it is spent in the most efficient way possible, and that there are transparent mechanisms for verifying decisions on spending. This increased preoccupation with accountability applies to the system as a whole, but to doctors and patients as well, with Canadians instinctively supportive of mechanisms that might discourage unnecessary procedures or treatments.

Canadians generally believe there is inefficiency in the system, but the perception that there is a great deal of unnecessary administration and poor hospital management went down during the early 1990s. Canadians are in the process of recognizing that the ability to "cut red tape" will not magically solve all the problems with the health care system. On the other hand, the number who say that people use services unnecessarily (87% agreement in 1995), that doctors prescribe unnecessarily (73% agreement), and that many patients would do as well at home (65% agreement) has been on the rise since 1989 (Figure 93).

When Canadians say that there is waste in the system, this is not a meaningless belief that we should "cut red tape." Qualitative research has shown that Canadians have in mind two specific problems: patients using the system unnecessarily, and doctors prescribing, giving referrals, and performing procedures unnecessarily. Almost 2 in 3 Canadians agreed that doctors sometimes encourage patients to come for more visits than necessary (Figure 94) and a similar number believed that individual Canadians misuse the system (Figure 95). Identifying the policy mechanisms to deal with these practices would likely find a receptive audience.

However, as policymakers elaborate models to curtail unnecessary practices, an opposing force arises in public opinion: Canadians might not be prepared to limit their own doctors' autonomy to give referrals and prescribe on their behalf. The evidence from Saskatchewan highlights this tension. Although most residents of Saskatchewan (by a margin of 75 to 12%) were conscious of the need to ensure that prescribed services are actually necessary (Figure 96), a slim majority of Saskatchewan residents also opted to make as many new procedures available as possible (Figure 97). The value tension is clear: Canadians are looking for ways to augment accountability within the system and ensure that treatments are ordered only when necessary, but they also have a commitment to the highest quality system, where their doctor can offer them an array of the newest procedures. There is also evidence that Canadians are even prepared to try experimental treatments when conventional medicine has not worked (Figure 98). Again, the value clash is clear: although there is a desire to increase accountability, Canadians also want to retain a good deal of autonomy for themselves and their family physician to pursue whatever treatments are available. Polls cannot resolve the dilemma faced by policymakers: how can one make sure that all of the newest procedures are available, while retaining accountability and keeping costs under control?

According to the Berger Report of 1999, 36% of Canadians said they had visited an emergency room in the previous six months. Of these, 37% said they did so between 6 pm and midnight (23% between 6 am and noon, 28% between noon and 6 pm, and 12% between midnight and 6 am) (Figure 99). The timing of these visits – people have gotten off work but their family physician is not available – suggests that many are using the emergency room for non-emergency problems when they cannot see their family doctor. Over 80% of Canadians would support alternatives, such as a telephone service or the availability of 24-hour walk-in clinics with doctors (Figure 100). Support for user fees and information campaigns is much lower.

Canadians are also supportive of accountability and performance measurement to help ensure efficiency. However, "accountability measures" are not a top priority: Canadians say they like the idea of community health reports, particularly in regards to the performance of the system on such things as waiting times rather than the health of Canadians, again highlighting Canadians' desire to act as informed and empowered health care consumers (Figures 101 and 102). However, only 19% believe that report cards on Canadians' health should be a higher priority than other key health care goals (Figure 103).

VI The Federal Context and the Role of Government

The role of government remains central in any proposed reform: 81% of Canadians believe that the federal government should be actively involved in the health care system (Figure 104). To provide just one example: about 2/3 of Canadians believe that if a national pharmacare programme is introduced, national rather than provincial principles are required (Figure 105). By a margin of 59 to 39%, Canadians believe that the federal government has a key role in sustaining the system and ensuring standards, not merely writing cheques (Figure 106). This support for federal involvement exists despite the fact that Canadians are generally uncertain about the current size of the federal contribution to health care, with guesses ranging widely on how much health care money comes from Ottawa (Figure 107).

The perception that the federal government has a key role in health care became stronger during the 1990s, with 44% saying that health should primarily (or exclusively) be an area of federal responsibility, and another 15% saying it should be under the authority of both (Figure 108), though this underestimates the percentage of Canadians who prefer collaboration because the "both" response was not offered and had to be volunteered by the respondent, something most do reluctantly. When asked which government should take the lead in reform, with a distinct "both" option presented to them, Canadians strongly believe that health should be the responsibility of all governments (Figure 109). Other surveys showed that Canadians strongly believe that the federal, provincial, and territorial governments all have a role in health care reform, with 68% opting for collaboration, and a majority holds both governments responsible for the current state of health care (Figures 110 and 111).

Canadians very much support national standards and value the notion that there is one national system of health care (Figure 112). However, they have a preference for the federal, provincial, and territorial governments working together to set national standards, rather than having them imposed by one order of government (Figure 113). In a large number of surveys, Canadians have shown that they are very divided on the question of withholding funding from provinces that do not conform to the *Canada Health Act*. It is an issue on which values clearly come into conflict. Canadians very much believe in national standards and their enforcement, yet they are also concerned that withholding funds could damage the quality of the health care system in these provinces and resist one government imposing its will on other governments. It is for this reason that Canadians are much more supportive of all governments working together to make determinations about national standards and enforcement than having the federal government act alone in these matters. Canadians in all provinces are divided on the question, though in 1995 Quebecers were most supportive of withholding funds from provinces that do not comply with the CHA (Figures 114 and 115).

Canadians continue to have great confidence in health care professionals and 97% believe that they should have an important role in setting policies and ensuring the best possible care, while only about 70% of Canadians believe that governments should have an important role (Figure 116). Although the public recognizes that governments have an important role, Canadians believe that the involvement of health care professionals is essential for success.

VII Different Canadians, Different Views?

There are important differences of opinion on most health care questions between different income groups and between men and women. Women and those with lower incomes are more likely to put a higher priority on social programs generally than other government priorities such as tax reductions or debt reduction: 68% of women believed that investing in social programs should be the first priority, while only 49% of men shared this view. Likewise 71% of Canadians with annual incomes less than $20 000 prioritized investing in social programs, while only 45% of those with incomes greater than $80,000 did the same (Figure 117). Women generally value more than men the collective provision of many services, and many polls show that this is the case with health care. Women are also more likely to be primary caregivers for children and elderly parents, thus having more interaction with and reliance on the public system. Worry about the health care system, health care as an issue, and opposition to all forms of privatization are stronger among women than men.

More economically secure Canadians are much more open to privatization, more freedom of choice, and more autonomy for individual patients to seek and pay for different services. Canadians deeply value both universality/accessibility and high quality care. However, if forced to choose between these two equally important principles, wealthier Canadians are more likely to opt for quality (and the right to pay to ensure quality) while those who are less financially secure opt for universality. Senior citizens in Canada are particularly preoccupied with equal access, by a margin of 58 to 23% (Figure 118), in part because most are on fixed incomes. Those with lower incomes clearly recognize that the quality of the public system benefits from the participation of all Canadians, and foresee that they would suffer most under reforms that move toward more privatization. Canadians with lower incomes are much more supportive of extending Medicare to cover prescription drugs (Figure 119), in part because they are less likely to be covered by private or employer insurance (about half of Canadians currently have some form of insurance beyond Medicare). Canadians with private insurance are much more supportive of privatization and copayment schemes of all kinds, and less supportive of pharmacare because they personally have no need for such a programme.

Regional differences on most questions are not pronounced. Those in British Columbia and Alberta are somewhat more supportive of privatization options than elsewhere in the country. Those in Atlantic Canada and Ontario are somewhat more committed to the existing system. Those in Quebec have somewhat less attachment to the system as a core component of their identity and are therefore consistently more open to some forms of privatization. Nonetheless, the main conclusion, based on an examination of thousands of polling questions, is that the inter-regional similarities far outweigh any minor differences of opinion. For example, a poll taken in 1999 during intense debate surrounding Bill 11 in Alberta found almost no difference of opinion between those in Alberta and those elsewhere in the country, though understandably the rate of uncertainty was higher outside Alberta (Figure 120).

VIII The Path Forward – What Are Canadians Saying?

Medicare remains a key symbol of citizenship and identity for most Canadians, and the vast majority support the principles that define the system as embodied in the *Canada Health Act*. Yet Canadians have become increasingly concerned about deterioration and are now open to considering reforms, though their strong preference is for innovations and renovations within the core public system that preserve the Canadian health care model. A majority of Canadians are looking to the federal, provincial, and territorial governments to act collaboratively as guardians and champions of the public system, but to work toward innovation to respond to what Canadians increasingly acknowledge are difficult pressures. Most Canadians hope that reforms will be designed to guarantee equal access to the core elements of the public system, and that excellence will be preserved within the public system, all the while augmenting Canadians' ability to make choices about their own health care services. During this process of reform, Canadians very much support governments working in partnership with one another, with health care professionals, and with the general public.

There is a deep commitment to universality, equal access, and quality care. Many Canadians have some openness to various schemes, including user fees and additional insurance options within the overall context of Medicare, so long as these changes are designed to preserve the core components of the Canadian health care model. Canadians are deeply committed to the idea that their fellow citizens should not be denied good quality health care, but are currently prepared to entertain various proposals that realistically improve the efficiency of the system. Primary health care reform could find a receptive audience. The notion of "purchasing upgrades" may also be consistent with Canadians' values. Few Canadians are comfortable with the idea of the upper-middle-class and the insured driving a health care Mercedes while one-third of the population is consigned to riding around in a 10-year-old Sprint. However, Canadians are likely comfortable with the idea that everyone will be driving a good quality health care car, with those who are willing to pay having the right to purchase reclining seats and a sunroof. The question of course for public debate and policymakers is: Which core elements are the standard features and which are extras?

Canadians are more supportive of individual autonomy and choice, and are more resistant generally to collective provision of services. More Canadians now seek out information on their own, and increasingly make much more diverse health care choices, some of which are outside the current health care system. The increasing diversity of Canadians, and their desire to exercise more freedom of choice in many aspects of their lives, represents a challenge for a "one-size-fits-all" model of health care delivery. Having said that, Canadians remain deeply committed to the collective provision of health care and universality for the health care system, though within that system there is now increasingly a tension as more informed, more autonomous Canadians, who are often better off financially, demand more control and more ability to make choices. The existence of many empowered health care consumers, however, should not distract us from the fact that many other Canadians remain traditional and passive in their interactions with the health care system.

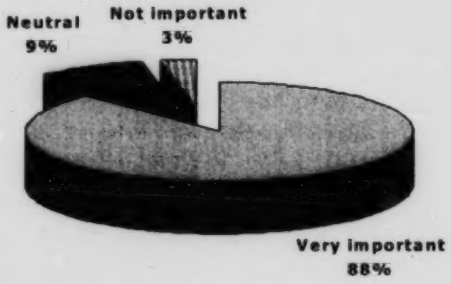
Health care is currently the most important issue to Canadians, and the public health care system is the most important government program for most Canadians. Health care is unique in that it is an issue that touches on questions of national identity, deeply held values, and people's direct interests. Sustained public dialogue will be required before changes can be made: Canadians are deeply attached to, invested in, and reliant on the health care system, and any change will affect the lives of virtually all Canadians. Changes to the health care system are about far more than values and identity – the issue is also very much about Canadians' basic interests and needs, their ability to get care, and how they think this can best be accomplished.

Many Canadians are worried about the future of the health care system. Over the past five years this has meant that Canadians have become more open to health care reform. Canadians are seeking ways to combine the excellence that they have been used to but feel has been lost in the past decade, with the maintenance of accessibility and universality that they judge to be the hallmarks of the public system. However, Canadians are less ideological than they were a decade ago and are more open to considering a range of proposals. Canadians have, however, reached a fairly strong consensus on two things: money alone is not the answer to the problems, and the principles of Medicare should be maintained. The Canadian public strongly supports the principles of the *Canada Health Act*, but recognizes that changes may be needed to preserve and improve the quality of health care in Canada.

Appendix

Figure 1: Support for Canadian Health Care System Model

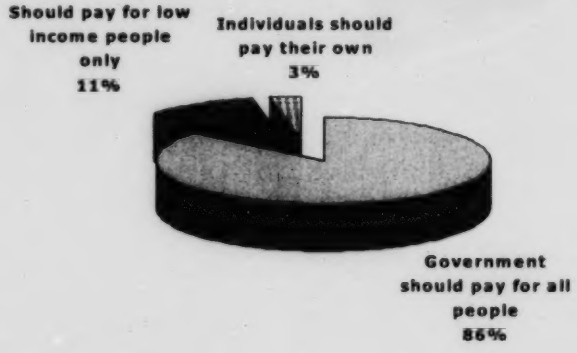
How important is it to you to have a strong national system of publicly-funded health care?



Source: Ekos Research Associates, 2000.

Figure 2: Support for Universality

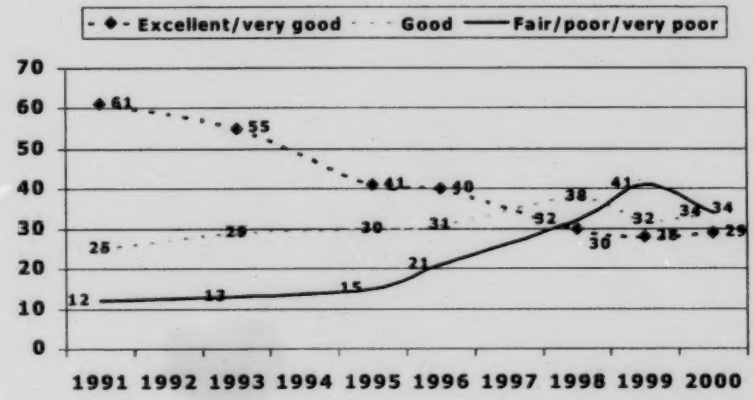
Currently, Canada's system of medicare is supported by tax dollars. Do you think governments should pay for health care for all people as they do now, just for lower income people, or should individuals and families pay their own health care costs?



Source: Environics, 1999.

Figure 3: Evolution of Assessments of the Quality of the Health Care System

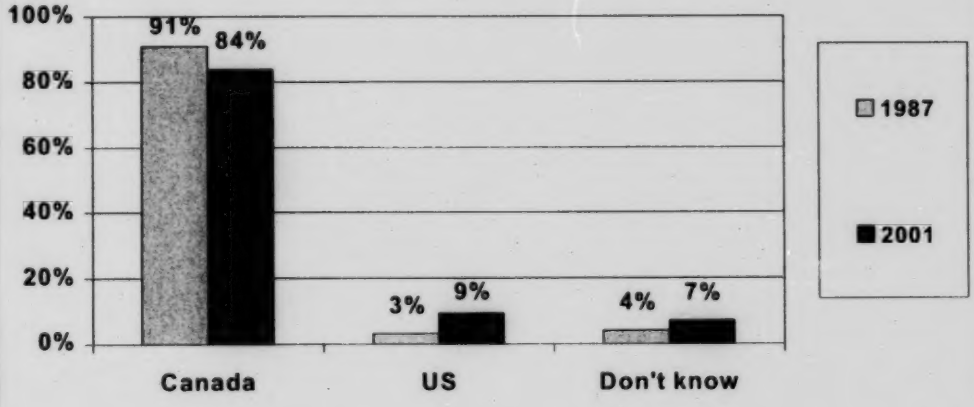
"Thinking broadly about Canada's health-care system and the quality of medical services it provides, how would you describe it overall? Would you say it is excellent, very good, good, only fair, poor or very poor?"



Source: Ipsos-Reid.

Figure 4: Is the American System Better?

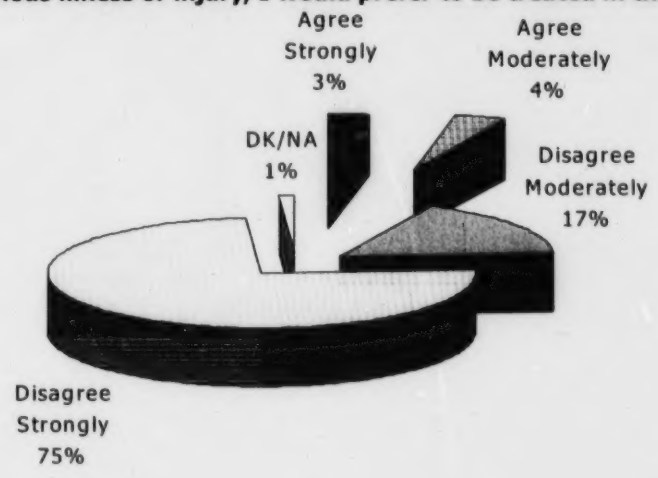
When you think about Canada and the US, which country would you say has a better health care system?



Source: Environics, 1987; Centre for Research and Information on Canada, 2001.

Figure 5: Preference for Care in Canada Rather than the U.S.

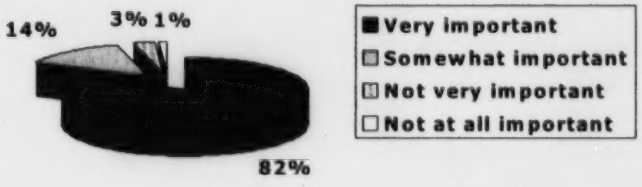
Do you agree or disagree with the following statement:
"If I had a serious illness or injury, I would prefer to be treated in the U.S."



DK/NA = don't know/not applicable.
Source: Ipsos-Reid, September 1995.

Figure 6: Health Care and National Identity

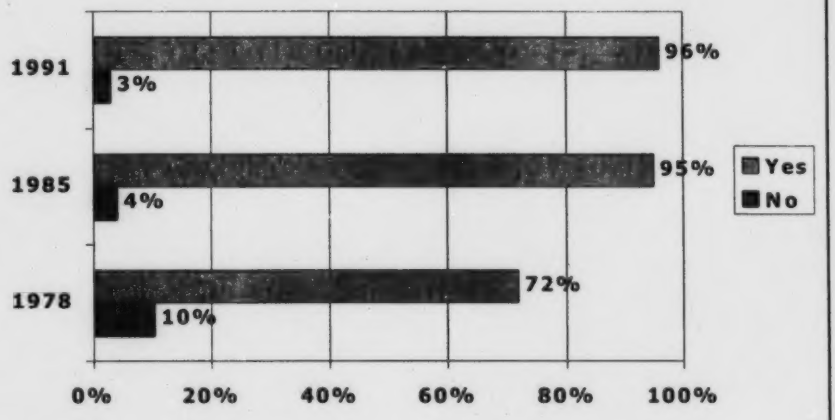
How important are the following to the Canadian identity ... Canada's health care system?



Source: Environics Focus Canada Survey, March 1996.

Figure 7: Health Care Should be Guaranteed by the Government

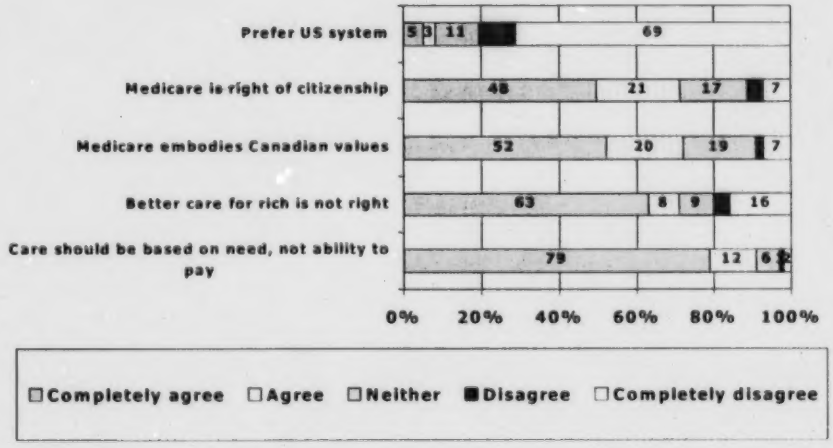
"Should medical care be guaranteed by the government?"



Source: Environics Focus Canada Surveys.

Figure 8: Support for the Canadian Health Care Model

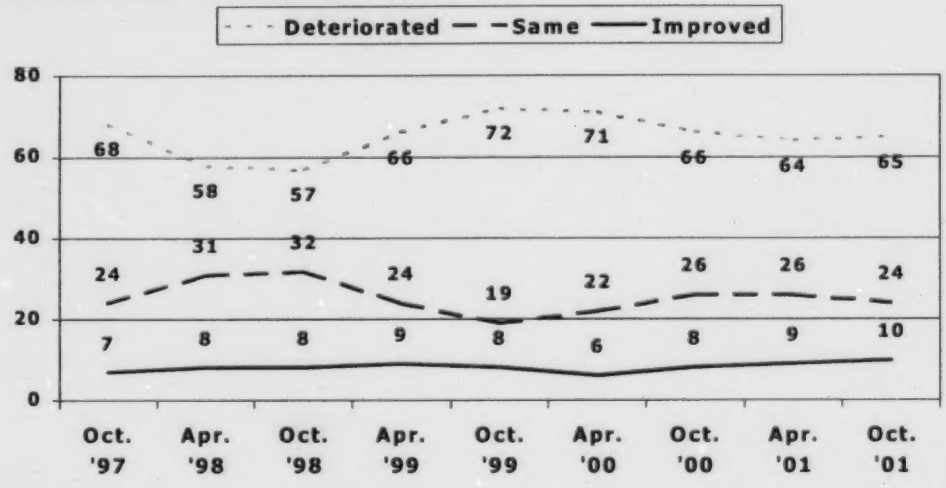
Do you agree or disagree with the following statements?



Source: Earnscliffe/POLLARA, 1998.

Figure 9:
Five Year Trend on Perceptions of Quality

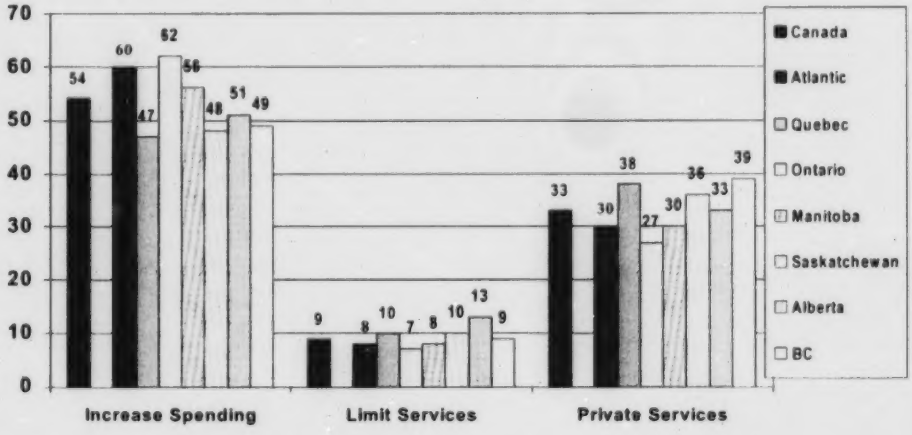
Has the quality of health care over the past two years improved, deteriorated, or stayed the same?



Source: Ekos Research Associates, Rethinking Government and Health Care Surveys.

Figure 10: Options for Reform

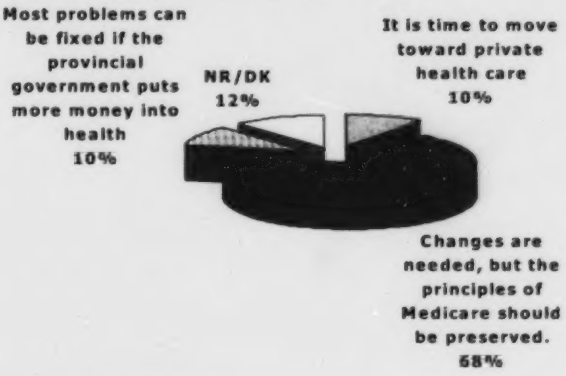
Health care costs are expected to rise in the future because of our aging population and because of the costs of new treatments and medications. Which of the following statements comes closest to your view? Would you say (a) governments should significantly INCREASE THEIR SPENDING on health care to cover these rising costs; (b) governments should LIMIT THE AVAILABILITY of some treatments or medications; or (c) governments should allow THE PRIVATE SECTOR to provide some health care services to those people who can afford to pay for them.



Source: Centre for Research and Information on Canada, 2001.

Figure 11:
Future Directions for the Health Care System

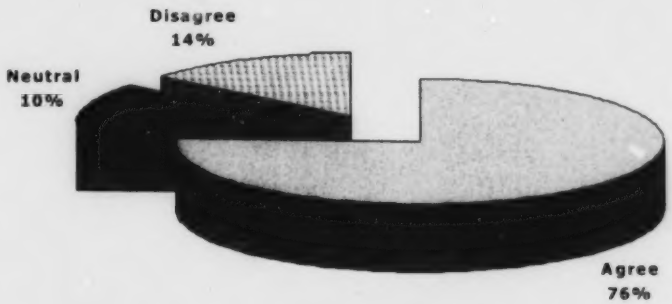
Which of the following three directions do you support for the future of Saskatchewan's health care system?


Most problems can be fixed if the provincial government puts more money into health
10%
NR/DK
12%
It is time to move toward private health care
10%
Changes are needed, but the principles of Medicare should be preserved.
68%

NR/DK = no response/don't know.
Source: Saskatchewan Commission on Medicare, 2001.

Figure 12: Is More Money Alone the Answer?

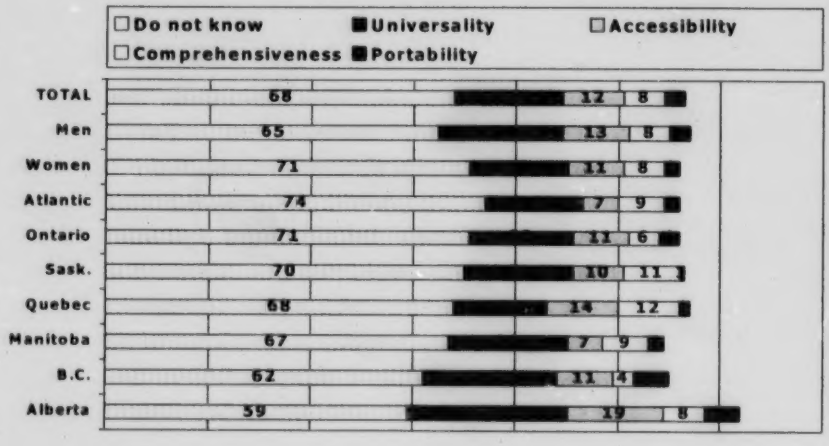
"Money alone is not the solution to securing health care for the future."



Source: Ekos Research Associates, Ontario Health Care Funding Survey, 2000.

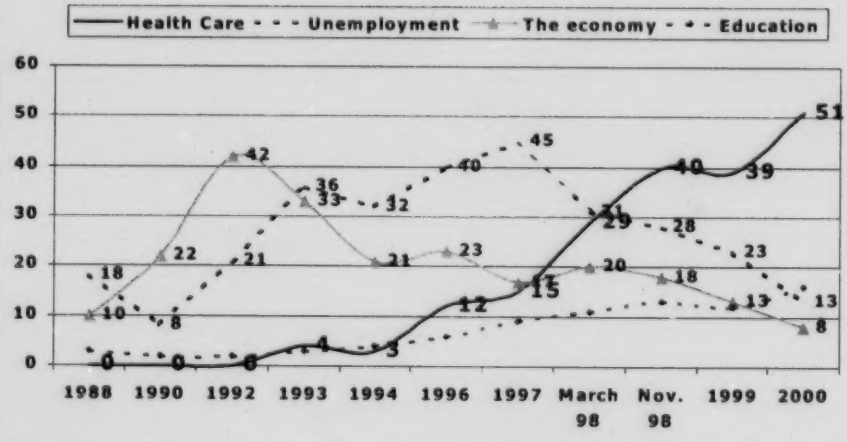
Figure 13: Knowledge of the Canada Health Act

What are some of the key principles of the Canadian Health Act?



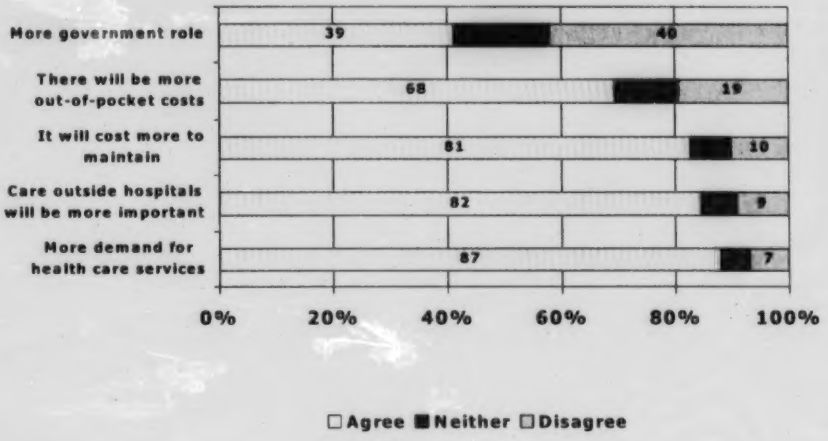
Source: Earnscliffe/POLLARA, 1998.

Figure 14: Canadians' Highest Priorities



Source: Ipsos-Reid: "Thinking of the issues presently confronting Canada, which one do you feel should receive the greatest attention from Canada's leaders?"

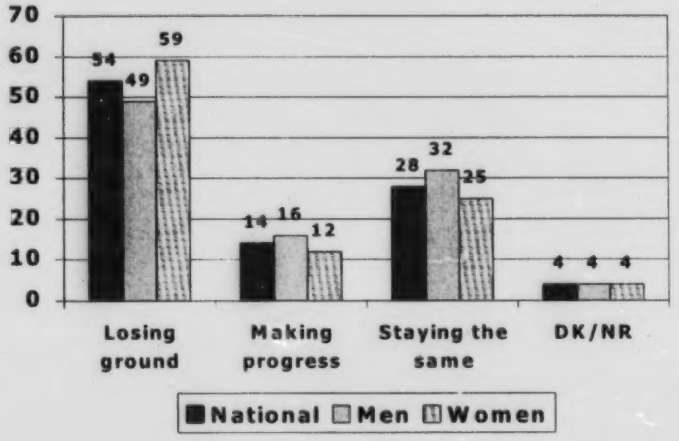
Figure 15: Images of the Future of Health Care
What will it look like 10 years from now?



Source: Ekos Research Associates, 1999.

Figure 16: Is Progress Being Made?

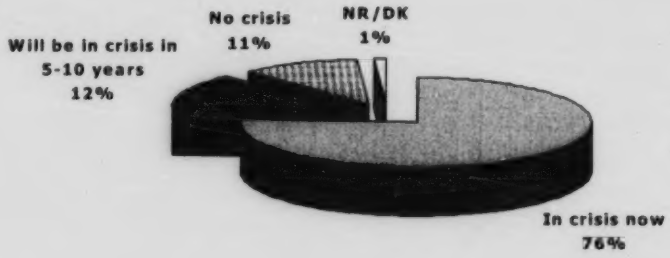
Is Canada making progress or losing ground on the health care system?



DK/NR = don't know/no response.
Source: Earnscliffe/POLLARA, 1998.

Figure 17: A Funding Crisis?

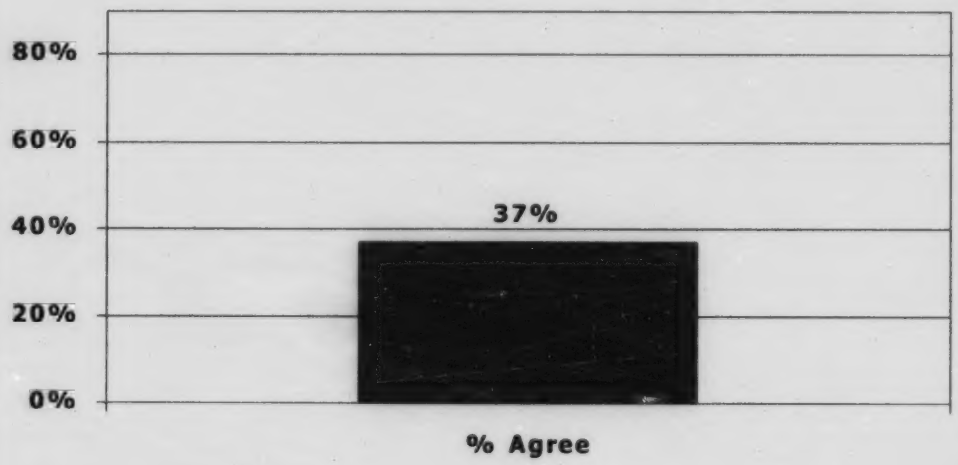
Do you think the Canadian health care system is facing a major funding crisis? (For those who say "NO": Will the system face a major funding crisis in the next 5-10 years?)



NR/DK = no response/don't know.
Source: Ipsos-Reid, 2001

Figure 18: Satisfied with Medicare?

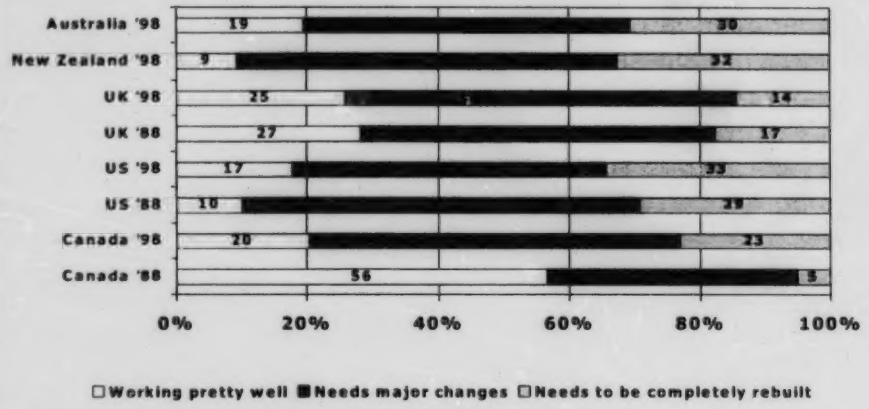
"Medicare in Canada works fine just the way it is."



Source: Ipsos-Reid, 2000.

Figure 19: System in Crisis? International Comparisons

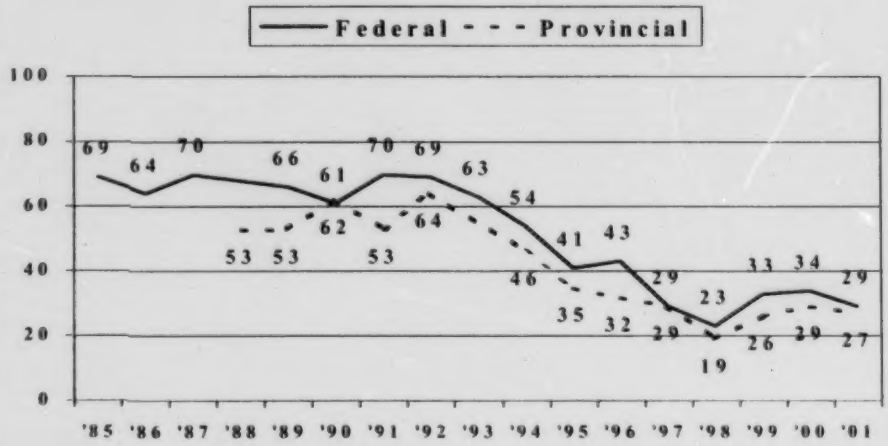
On the whole, the health care system: 1) works pretty well and only minor changes are necessary; 2) There are some good things in our health care system but fundamental changes are needed; 3) Our health care system has so much wrong that we need to completely rebuild it?



Source: Commonwealth Fund International Health Policy Survey, 1998.

Figure 20: Federal/Provincial Satisfaction

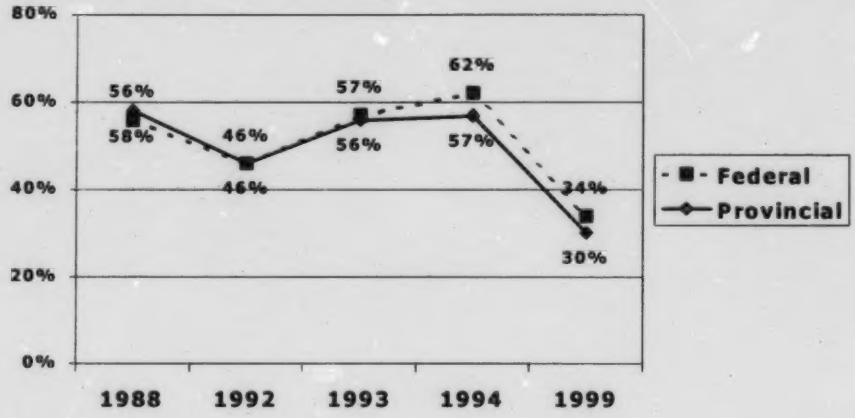
Generally speaking, do you approve or disapprove of the current federal/provincial government's handling of health care?



Note: Percent responding "strongly approve" or "approve."
Source: Environics Focus Canada Surveys.

Figure 21: Government Performance on Health Care 1988-99

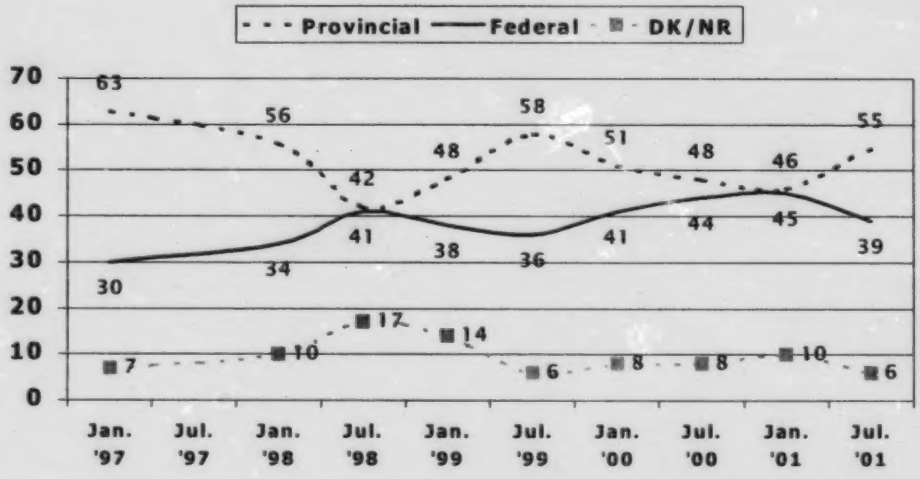
Is the federal/provincial government doing an excellent, good, fair or poor job of ensuring that Canadians get good health care? (Percent saying excellent or good.)



Source: Berger Health Monitor.

Figure 22: Who Is Responsible for Deterioration?

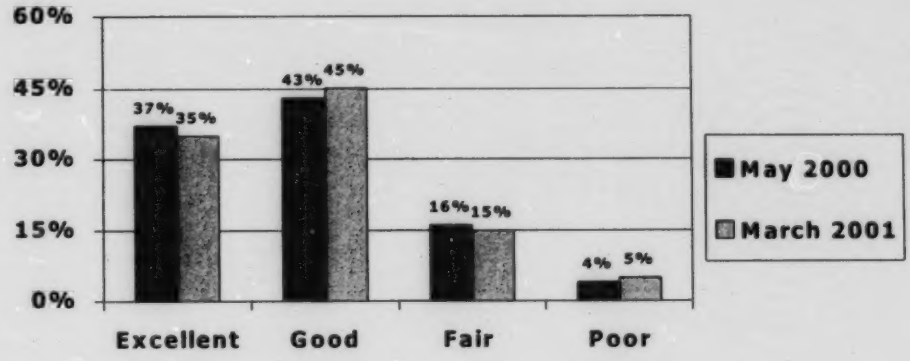
Which level of government is most responsible for the deterioration?



Source: Ekos Research Associates, Rethinking Government, and Health Canada Surveys.

Figure 23: Quality of Care: 2000-01

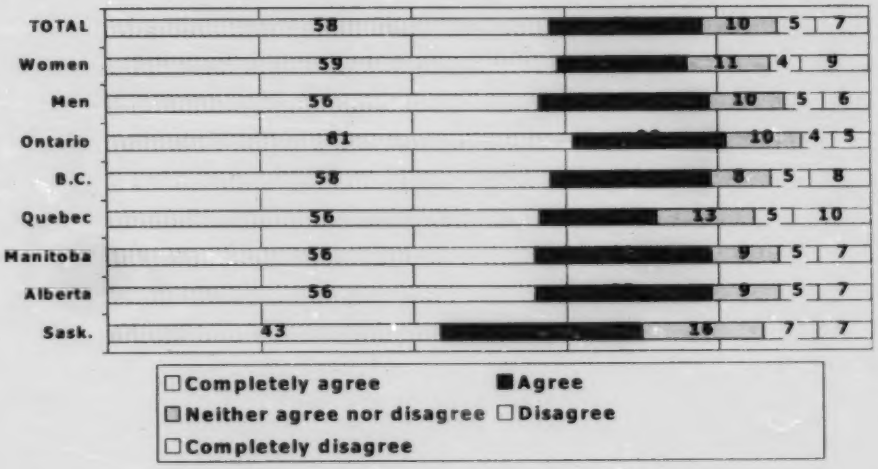
Overall, how would you rate the quality of care you personally received in the past twelve months (from the health care system)?



Note: Among respondents who used health services in the previous year.
Source: Berger Health Monitor, May 2000, March 2001.

Figure 24: Personal Experiences with the System

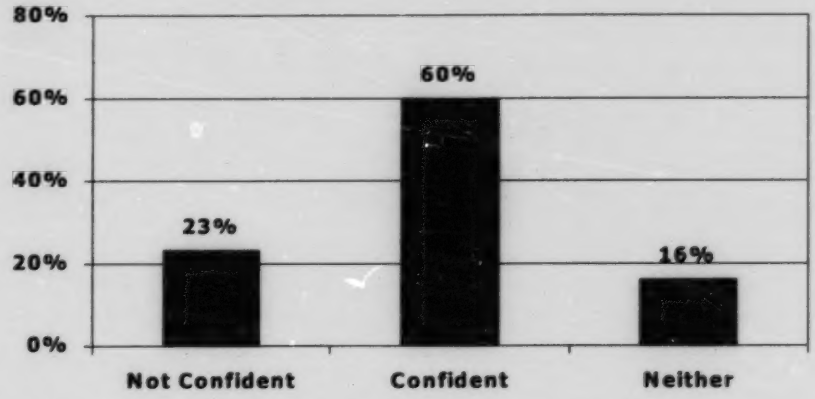
Agree or disagree: "My experience with the system was positive."



Source: Earnscliffe/POLLARA, 1998.

Figure 25: Confidence in Health Care Services

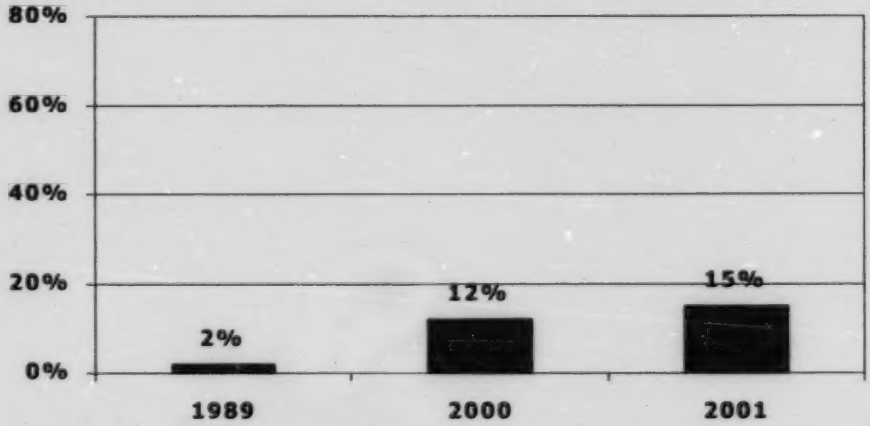
I am confident that if I or a family member were to become seriously ill, we would be able to access the necessary health care services.



Source: Ekos Research Associates, Rethinking Government, January 2001.

Figure 26: Inability to Access Health Care: 1989-2001

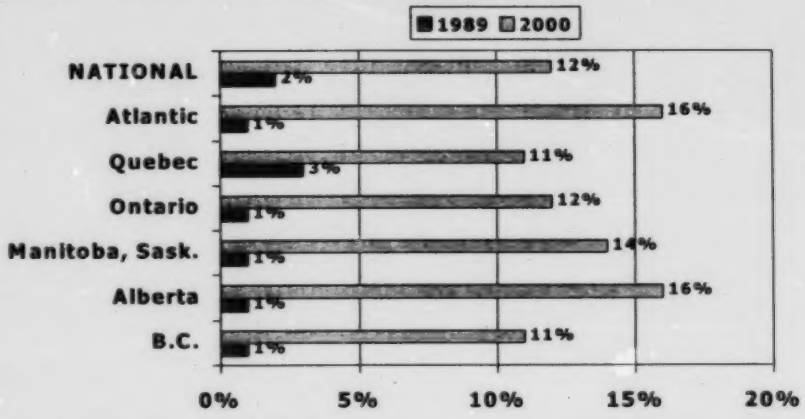
Over the last twelve months, were you ever unable to obtain health care services when you needed them?



Note: Among respondents who used health services in the previous year.
Source: Berger Health Monitor, 1989, May 2000, March 2001.

Figure 27: Inability to Access Health Care by Province: 1989-2000

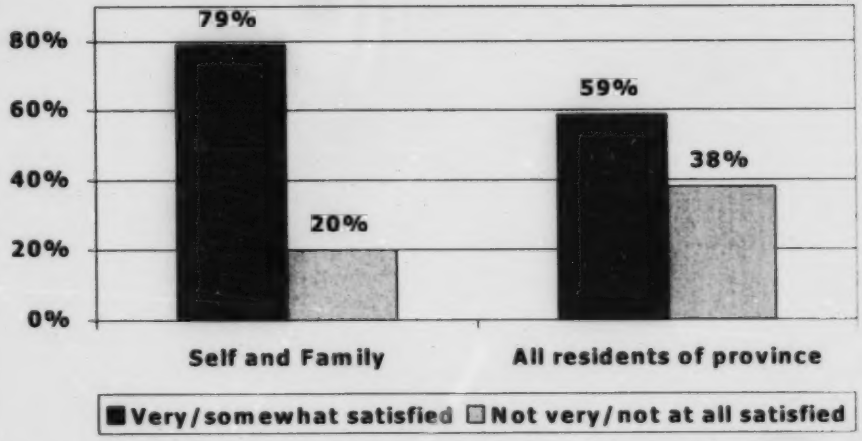
For those expressing difficulty obtaining health services in the previous year: Had difficulty or did not eventually obtain services...



Note: 1989: "Had difficulty" and "did not receive services." 2000: "Unable to obtain health services when needed."
Source: Berger Health Monitor.

Figure 28: Satisfaction with Care: Own Family versus Province

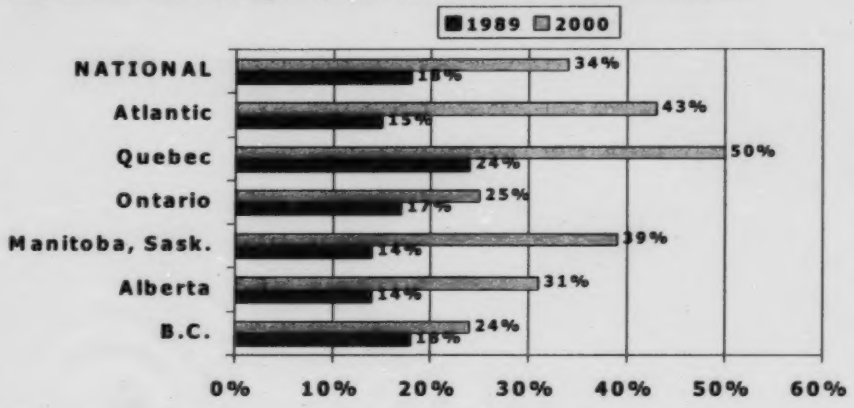
Are you satisfied with the system's ability to meet health care needs of you and your family? Of all residents of your province?



Sources: Merck Frost/Coalition of National Voluntary Organizations/POLLARA National Survey of Health Care Providers and Users, 1999.

Figure 29:
Difficulty Obtaining Health Care: 1989-2000

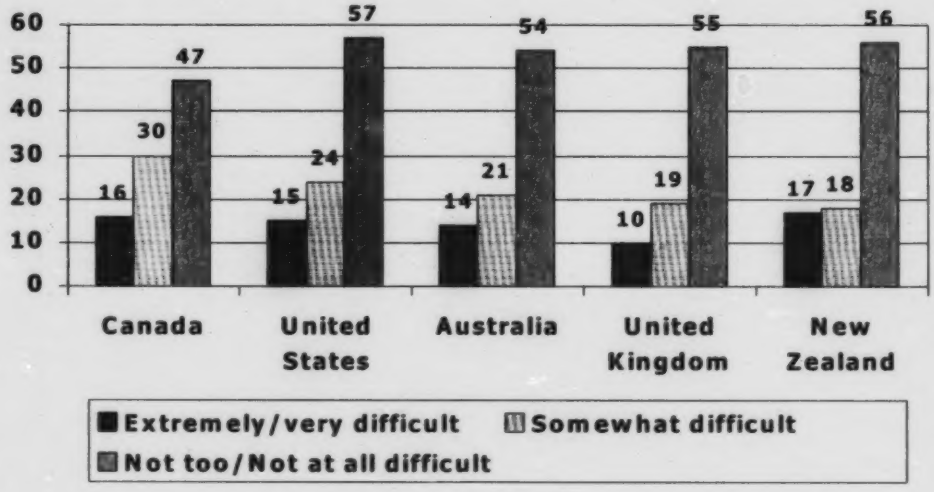
In the past year have you or members of your immediate family had difficulties obtaining medical or health-related services...



Note: "Had difficulty," "a bit, somewhat," or "very difficult," for a variety of reasons.
Source: Berger Health Monitor.

Figure 30: Difficulties in Seeing Specialists: International Comparisons

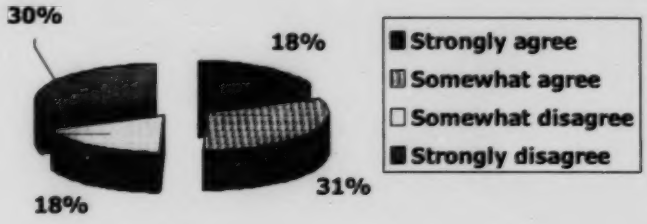
Per cent who reported difficulties, 1998



Source: Commonwealth Fund 1998 International Health Policy Survey.

Figure 31: Concerns about Waiting Times

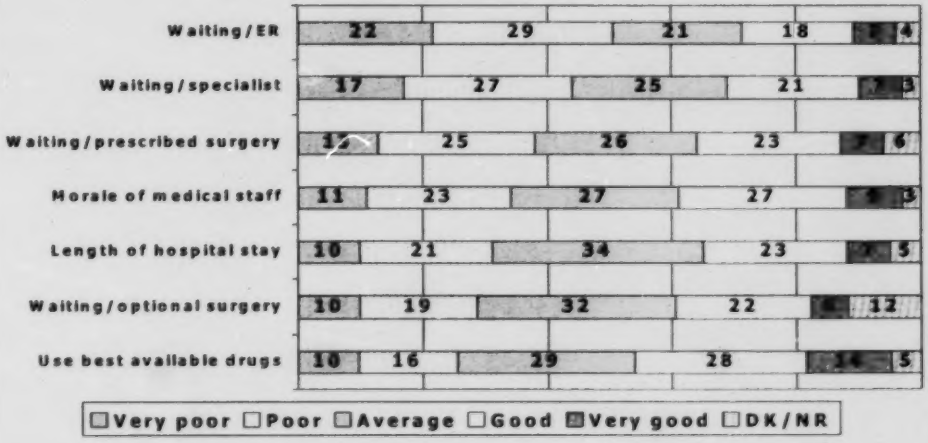
"My local hospital emergency room provides services in a reasonable amount of time"



Source: Ipsos-Reid, 2000.

Figure 32: System Performance

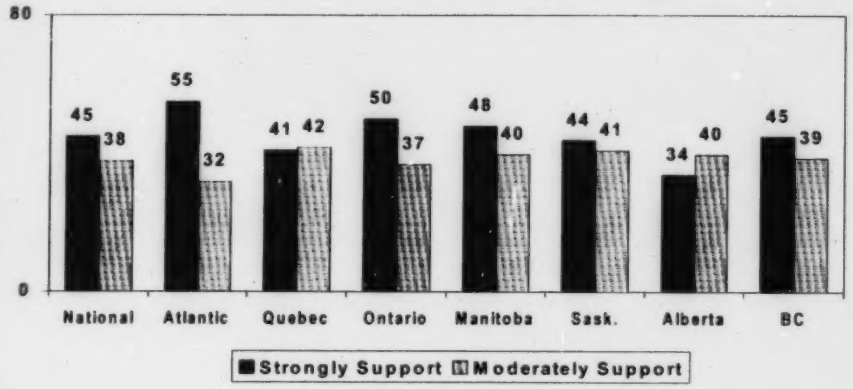
How is the health system's performance on...



DK/NR = don't know/no response.
Source: Earnscliffe/POLLARA, 1998.

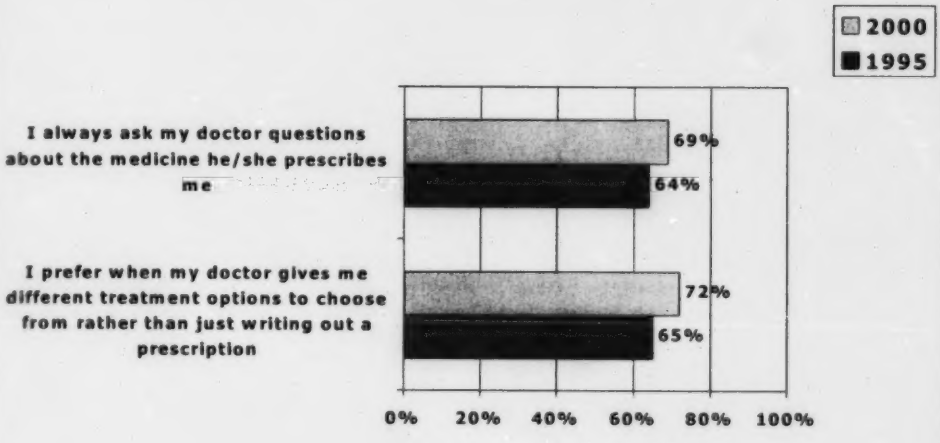
Figure 33: Support for Equalization

As you may know, under the federal equalization program money is transferred from the richer provinces to the poorer ones, in order to ensure that Canadians living in every province have access to similar levels of public services. Do you strongly support, moderately support, moderately oppose, or strongly oppose the equalization program?



Source: Centre for Research and Information on Canada, 2001.

Figure 34: Growing Empowerment



Source: Ipsos-Reid Report.

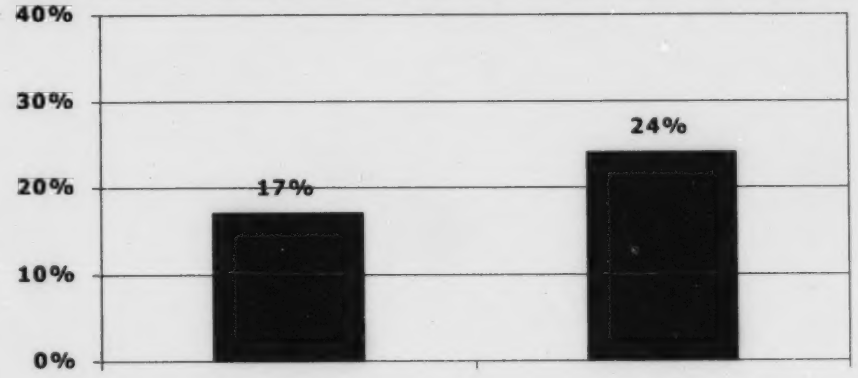
Figure 35: Use of Health Related Internet Sites

In the past month, have you surfed or visited any Internet sites or looked up any information regarding health, health information, health organizations, medical conditions, medication, health products, alternative remedies, or anything having to do with health and well being? (percent saying "yes")

Source: Berger Health Monitor, May 2000, March 2001.

Figure 36: Discussions with Physicians Regarding Internet Information

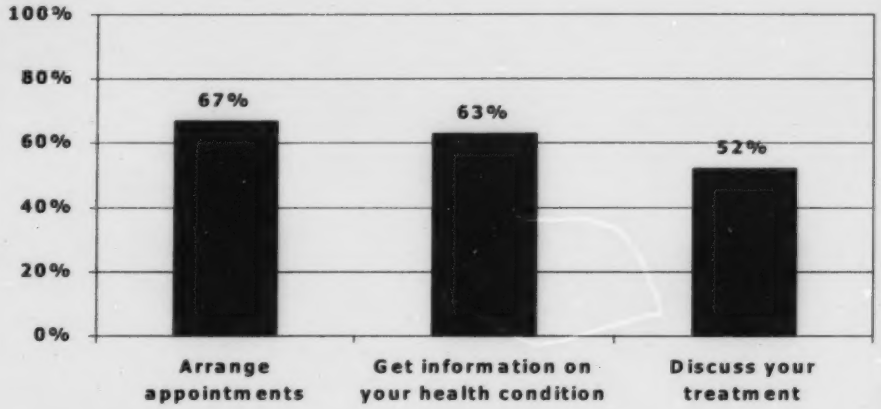
The last time you visited or consulted your doctor, did you take or refer to information you had obtained over the Internet? (percent saying "yes")



Note: 1999: Asked only of those who had visited a health related site in the previous month, or had had someone visit a site for them.
2000: Asked only of those who had visited a health related site in the previous month.
Source: Berger Health Monitor.

Figure 37: Communication with Physicians by E-mail and Internet

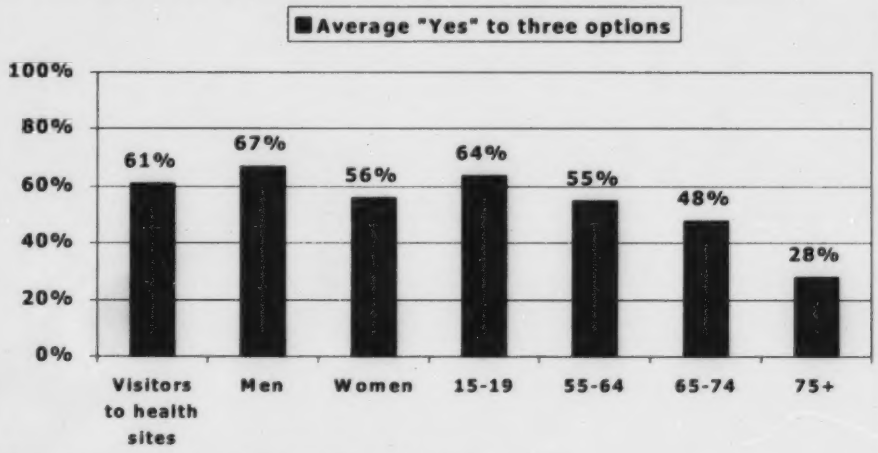
Would you be interested in communicating with your doctor using e-mail and the Internet, for example... (percent saying "yes")



Note: Among visitors to Internet health sites in previous month.
Source: Berger Health Monitor, March 2001.

Figure 38: Use of E-mail and Internet: Sociodemographic Differences

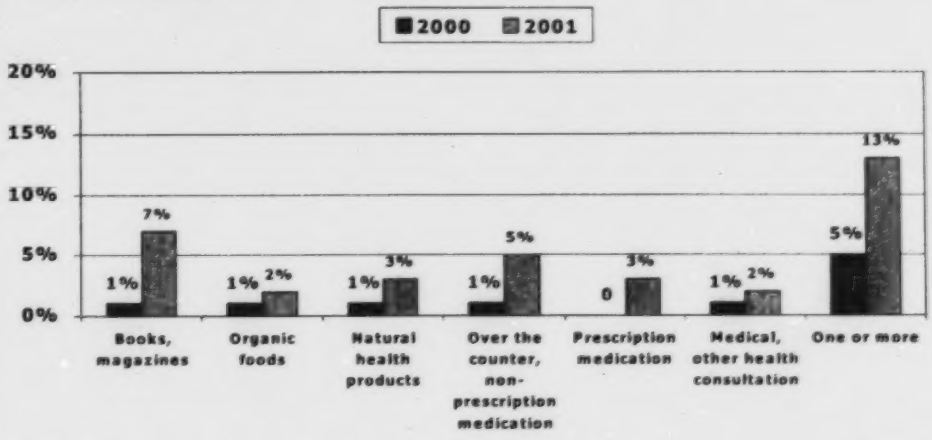
Would you be interested in communicating with your doctor using e-mail and the Internet, for example: 1. To arrange appointments. 2. To get information on your health condition. 3. To discuss your treatment.



Note: Among visitors to Internet health site in previous month.
Source: Berger Health Monitor, March 2001.

Figure 39:
Health Related Purchases over the Internet

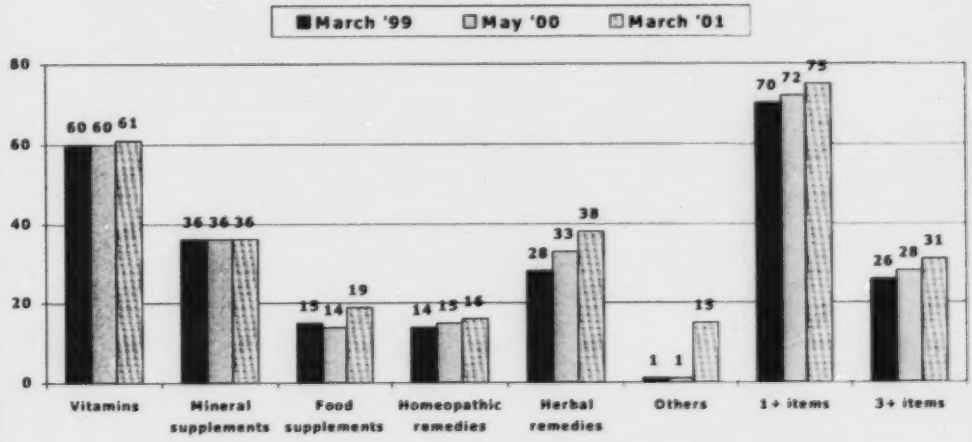
In the past month have you bought anything over the Internet that was related to health, for example...



Note: Among visitors to Internet health site in previous month. Percent saying they had made such a purchase in the previous month.
Source: Berger Health Monitor, March 2001.

Figure 40: Use of Natural Health Products

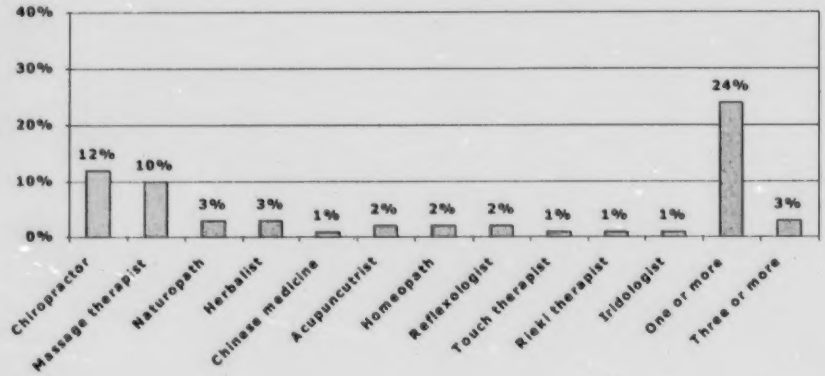
In the past six months, have you taken any of the following...



Source: Berger Health Monitor.

Figure 41: Use of Alternative Health Providers

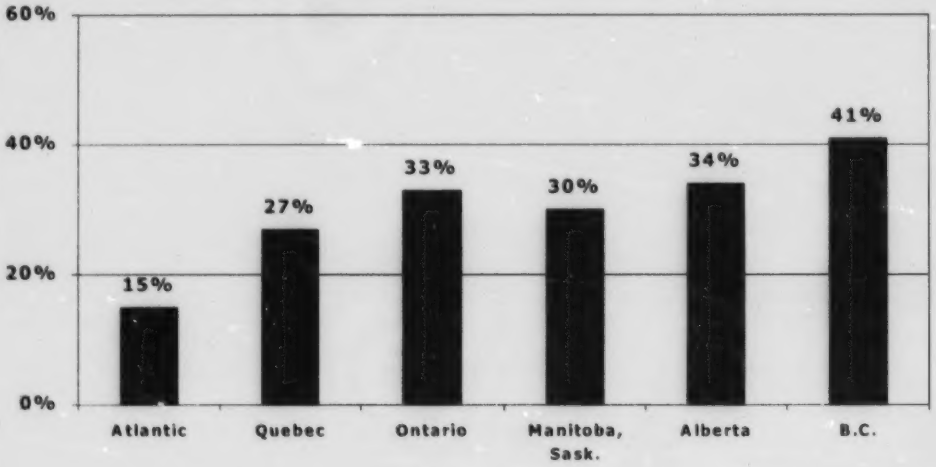
In the past six months, have you used any of the following services...



Source: Berger Health Monitor, 1999.

Figure 42: Use of Natural Health Products by Region

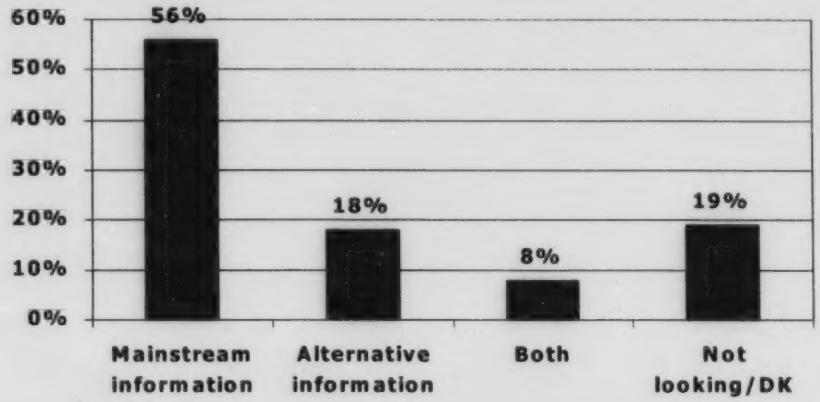
Percentage reporting using three or more natural health products in the previous six months.



Source: Berger Health Monitor, March 2001.

Figure 43: Health Information on the Internet

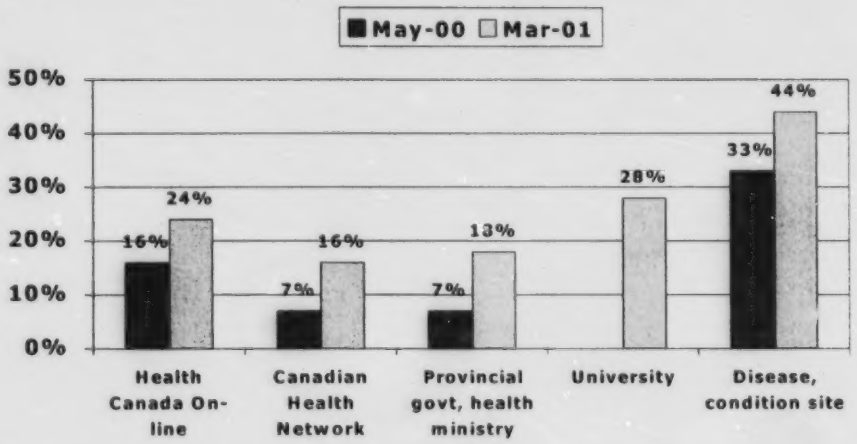
The last time you used the Internet for health-related information, would you say you were looking for...



DK = don't know.
Note: Among direct and indirect Internet users for health related purposes.
Source: Berger Health Monitor.

Figure 44: Use of the Internet: Which Sites?

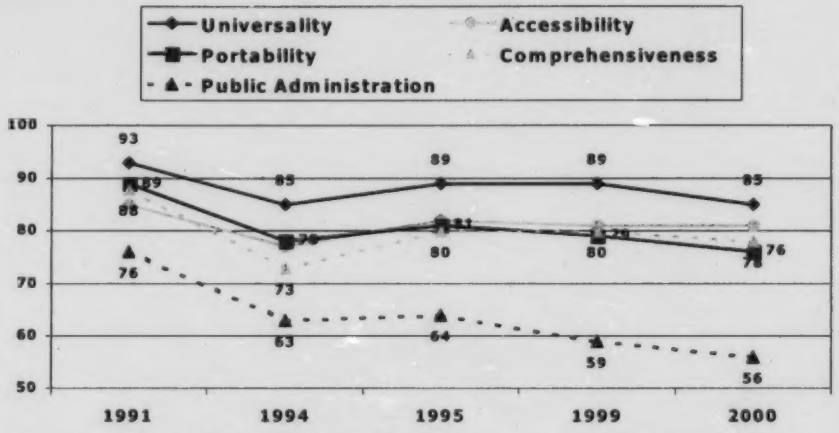
The last time you used the Internet for health-related purposes did you visit any of the following health-related sites:



Note: Internet users who visited a health-related site in previous month, or had someone look for them in past six months.
Source: Berger Health Monitor, May 2000, March 2001.

Figure 45: Support for the Principles of the Canada Health Act: 1991-99

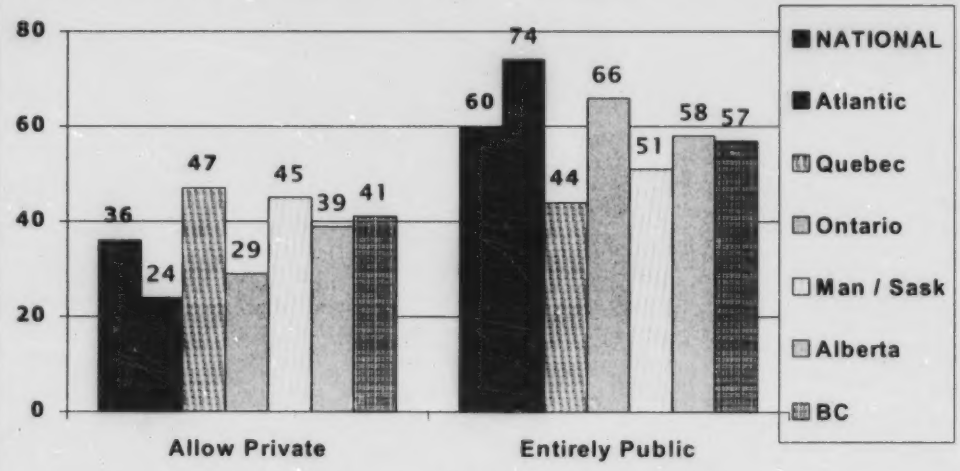
The Canadian health care system is based on five principles developed some years ago. Please tell me how important you think it is to keep each of these five principles... (detailed explanation of each principle provided in question).



Note: Per cent answering "very important" (3 other response choices: "somewhat important," "not very important," and "not at all important".
Source: Berger Health Monitor.

Figure 46: Entirely Public or Some Private?

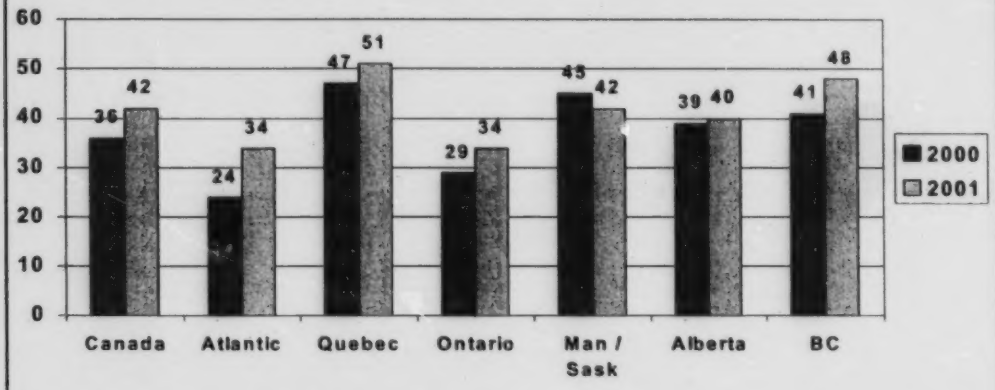
In your opinion, should Canada allow privately-owned companies to deliver some health care services in Canada, or should the health care system be operated entirely as a public program?



Source: Centre for Research and Information on Canada, Environics/CROP, 2000.

Figure 47: Support for Some Private Care: 2000-2001

In your opinion, should Canada allow privately-owned companies to deliver some health care services in Canada, or should the health care system be operated entirely as a public program?

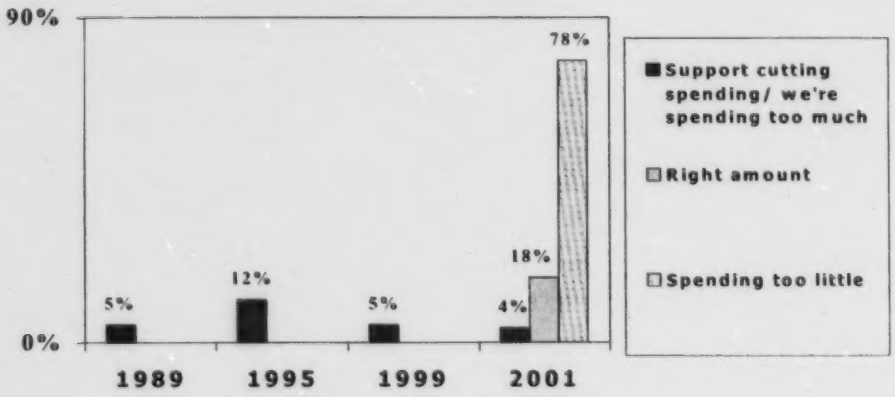


Source: Centre for Research and Information on Canada.

Figure 48: Opposition to Funding Cuts

1989-1999: Some people think that the federal government should cut back its spending in some areas while other people disagree. Could you tell me whether you support the following measures... cutting back federal funds for health care.

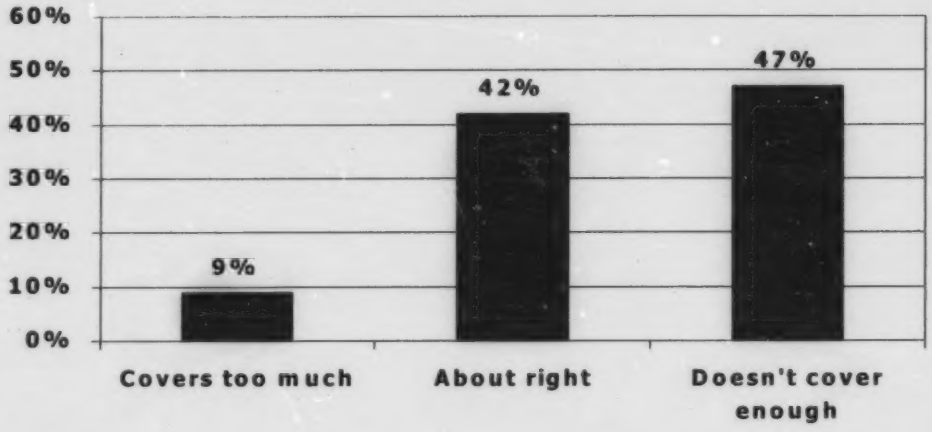
2001: Keeping in mind that increasing services could increase taxes, do you think the federal government is spending too much, just the right amount, or is spending too little on each of the following?



Source: Environics Focus Canada Surveys.

Figure 49: Coverage of Public Health Care

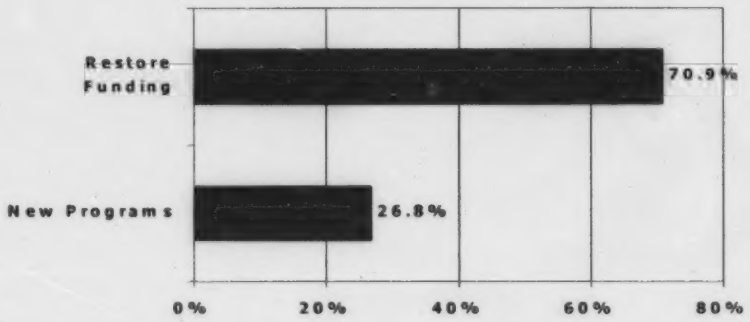
Does Canada's public health care system cover enough services and programs?



Source: Ipsos-Reid, *The Public Domain,* May 2000.

Figure 50: Restore Funding or New Programs: 1996

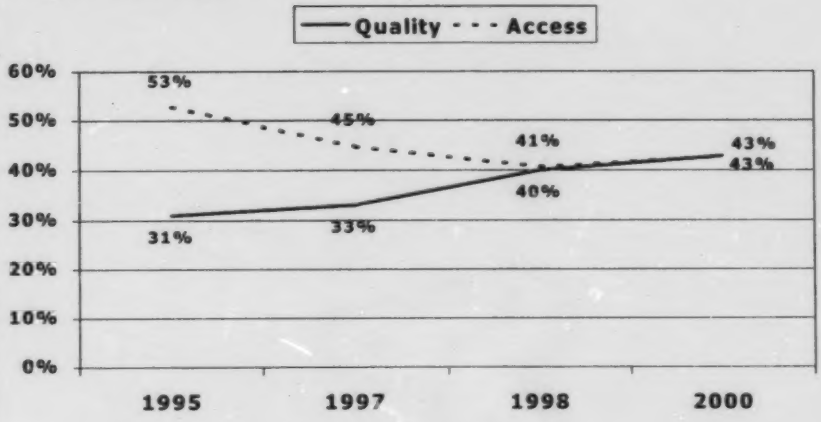
One of the areas for which the government may announce some new spending is health care. Now, in your view, which of the following should be the government's first priority: 1. Restoring to the provinces the funding intended for Medicare that was cut by the federal government to help reduce the deficit; or 2. Funding new national healthcare programs such as a new pharmacare program or a new homecare program?



Source: Ipsos-Reid, March 1996.

Figure 51: Quality vs. Equal Access

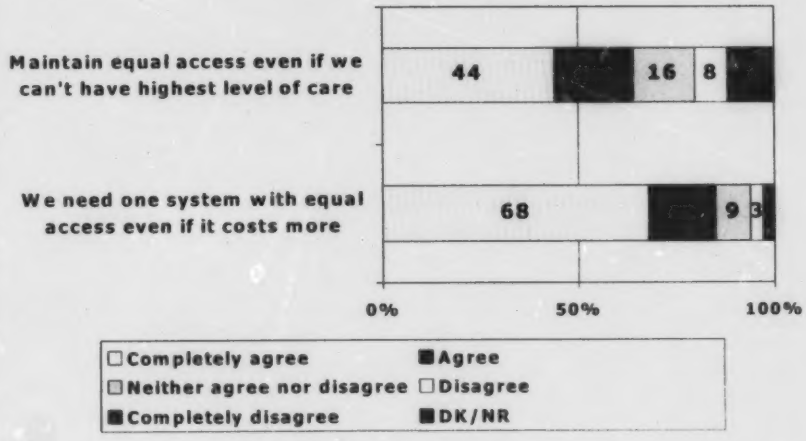
Which of the following aspects of health care is of greatest importance to you?



Source: Ekos Research Associates, Health Issues Tracking Survey.

Figure 52: Equal Access vs. Quality of Care

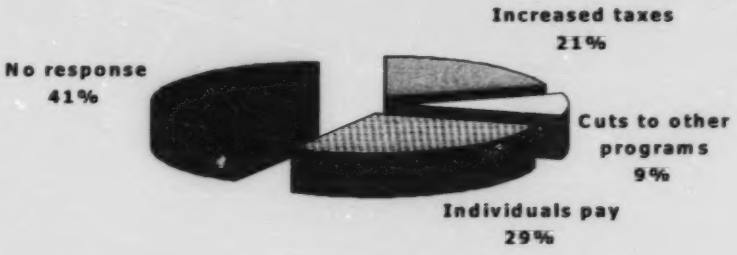
Do you agree/disagree with each of the following?



DK/NR = don't know/no response.
Source: Earnscliffe/POLLARA, 1998.

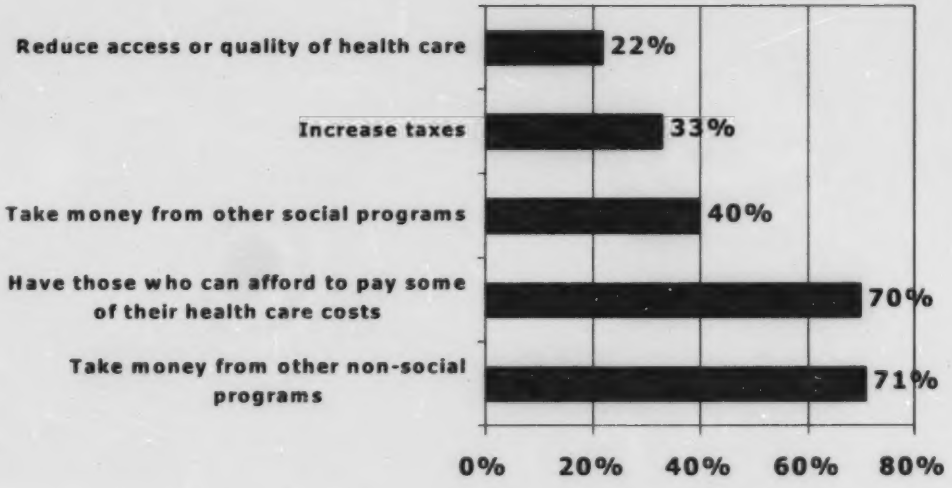
Figure 53: Where Should the Money Come From? (Saskatchewan)

If more money is required for the health care system, where do you believe this extra money should come from?



Source: Saskatchewan Commission on Medicare, 2001.

Figure 54: Where Should the Money Come From? (National)



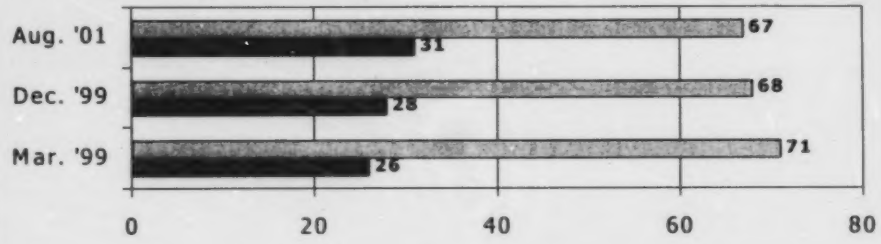
Source: Merck Frost/Pollara, 1999.

Figure 55: Tracking Privatization

Which statement is closer to your own view?

Once private health care services start to become widely available, it won't be long before quality public health care services are hard to find.

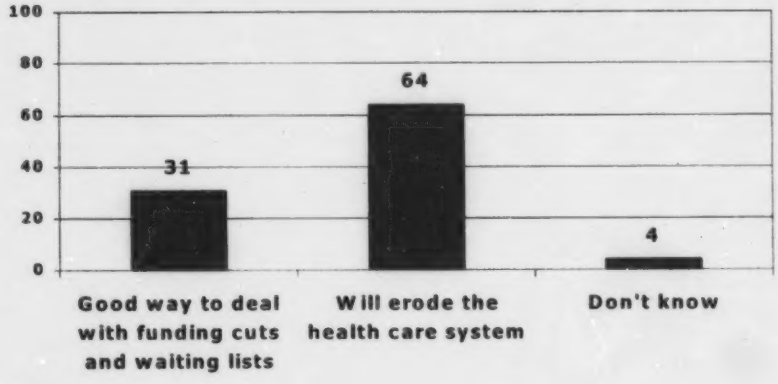
Allowing some privatization of the health care system is a good thing because it will relieve the pressure on public institutions like hospitals that are already overcrowded.



Source: Ekos Research, Rethinking Government Surveys.

Figure 56: Opposition to Privatization

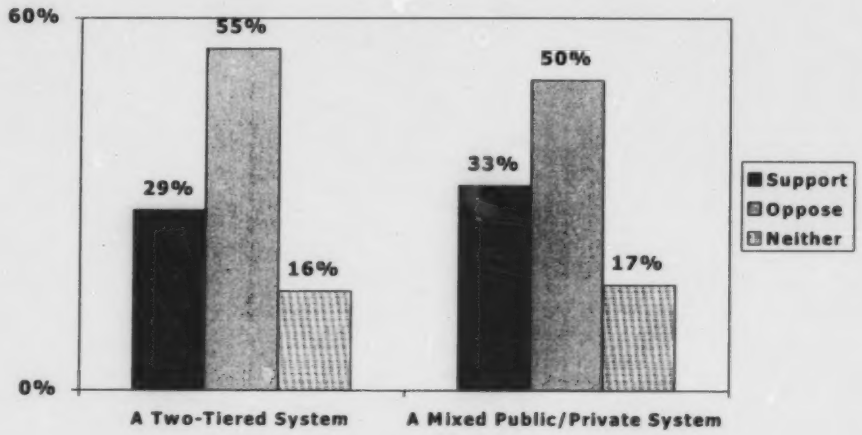
In some provinces, there is talk of allowing private health clinics to charge patients a fee for using the facility and also receive the usual payment from the province for performing a particular operation. Some people say these clinics are a good way to deal with health care cutbacks and waiting lists by allowing some people to pay for a health service. Others say that this development, if it continues, will erode Canada's universal health care system. Which of these views is closer to your own?



Source: Environics, 2000.

Figure 57:
Opposition to a Mixed Public/Private System

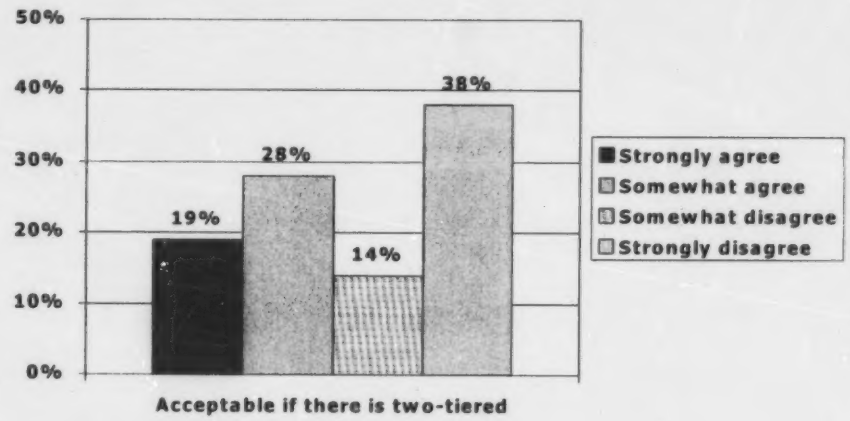
Do you personally support or oppose moving more money towards [a two-tiered system/a mixed public-private system] where people are free to pay for faster or better health care services.



Source: Ekos Research, Benchmark Survey, August 1999.

Figure 58: Some Support for Two-Tiered?

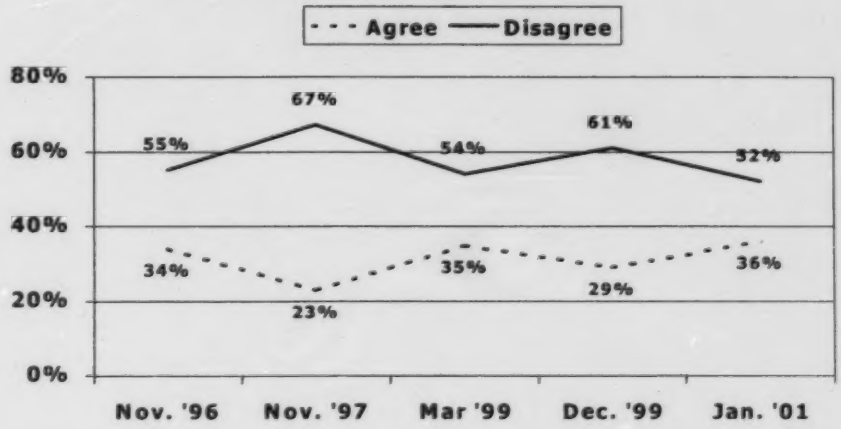
"It is alright if Canada's health care system evolves into a two-tier system where privately owned and public health institutions offer all health services."



Source: Ipsos-Reid, 2000.

Figure 59: Paying for Quicker Access? 1996-2001

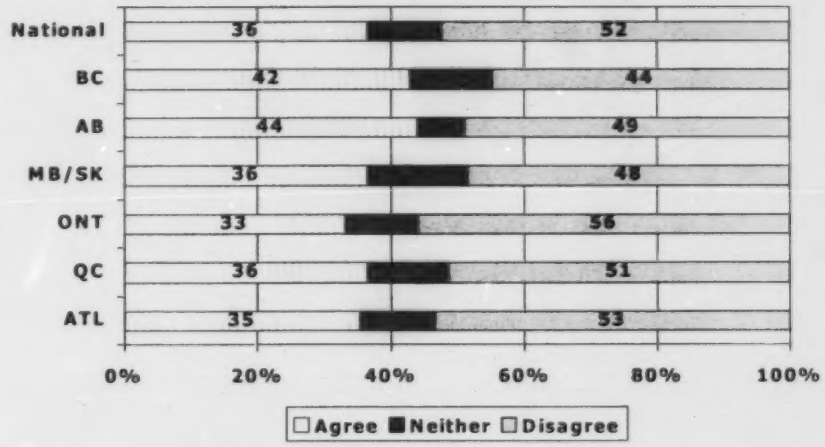
Individuals should be allowed to pay extra to get quicker access to health care services.



Source: Ekos Research Associates, Rethinking Government Surveys.

Figure 60: Paying for Quicker Access? Regional Breakdown

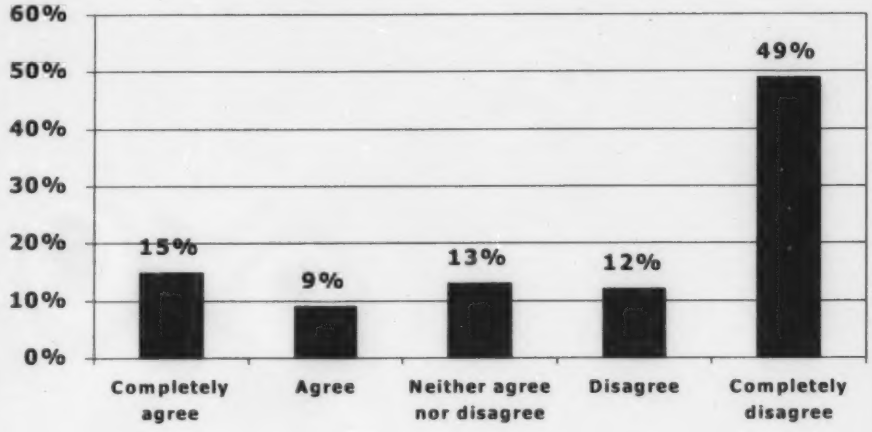
Individuals should be allowed to pay extra to get quicker access to health care services.



Source: Ekos Research Associates, Rethinking Government, January 2001.

Figure 61: Paying for Quicker Care?

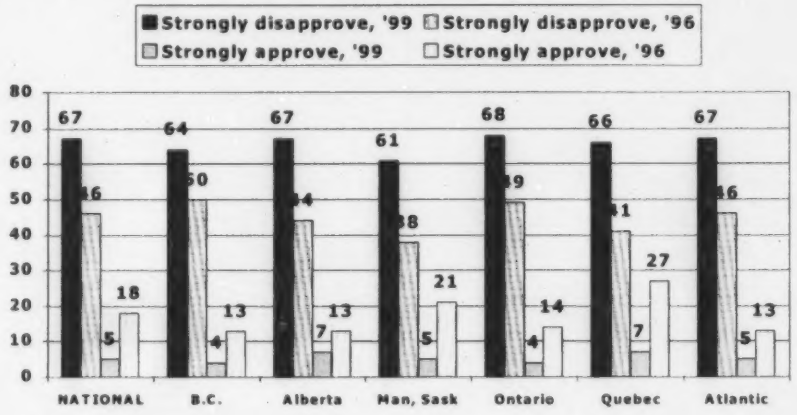
Do you agree with people paying extra for quicker care?



Source: Earnscliffe/POLLARA, 1998.

Figure 62: Paying to Get to the Head of the Line?

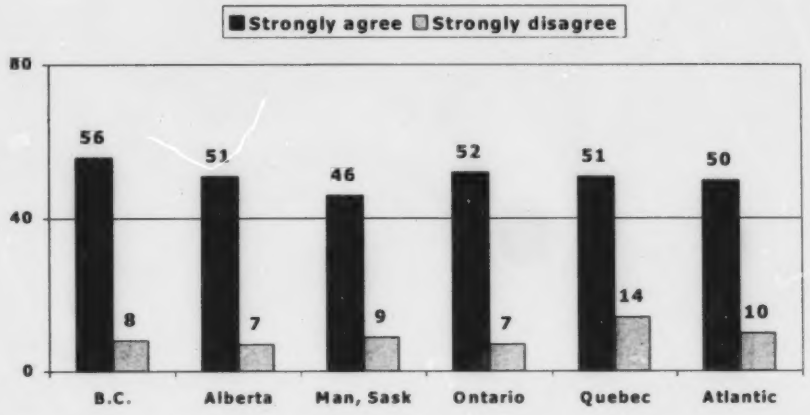
1996: Would you approve of an arrangement where people could pay to wait a shorter time for health care services?
1999: Would you approve of a provincial health system where people could pay to go to the head of the line for health care services?



Source: Berger Health Monitor.

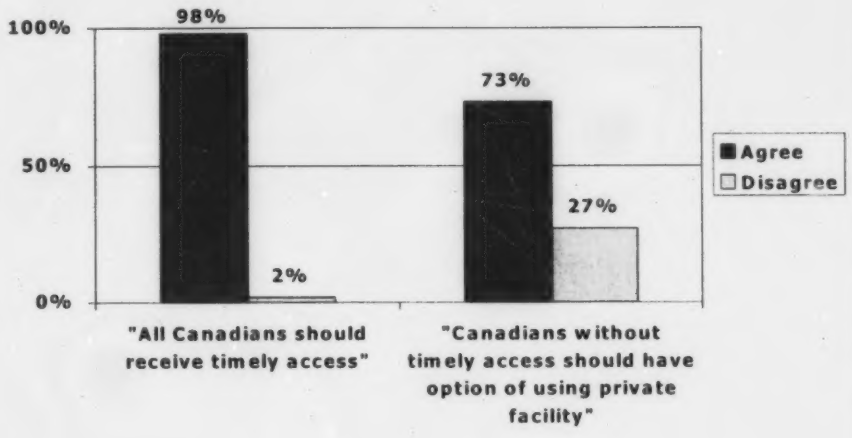
Figure 63: Perception of Treatment in Private System

"You and your family would be treated fairly in a system where people could pay to get to the front of the line."



Source: Berger Health Monitor, 1999.

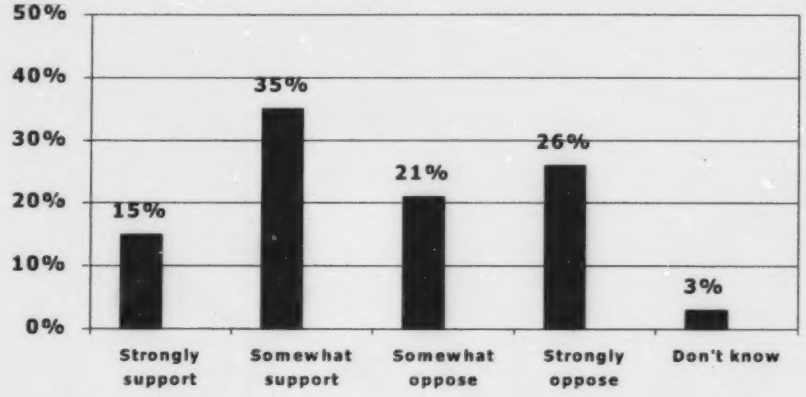
Figure 64: Paying for Timely Access?



Source: Merck Frost/Pollara, 1999.

Figure 65: Attitudes toward "Bill 11" Model

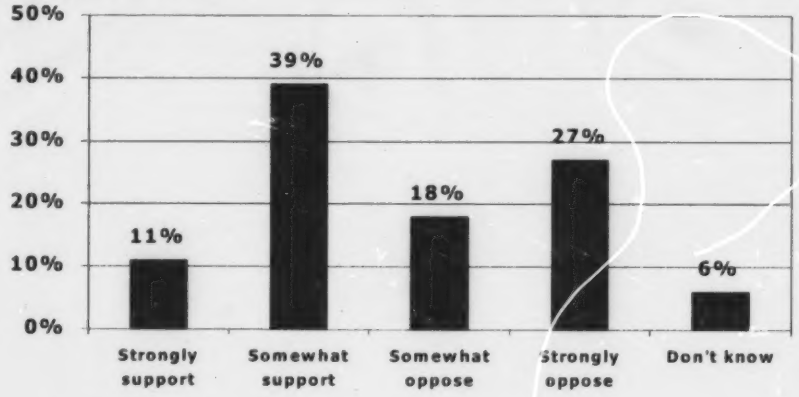
The provincial government in Alberta recently announced its intention to allow privately owned health institutions to offer services like hip replacements and they will be paid by the government with taxpayers' dollars. From what you know, would you support or oppose the proposal put forward by Premier Klein?



Source: Ipsos-Reid, April 2000.

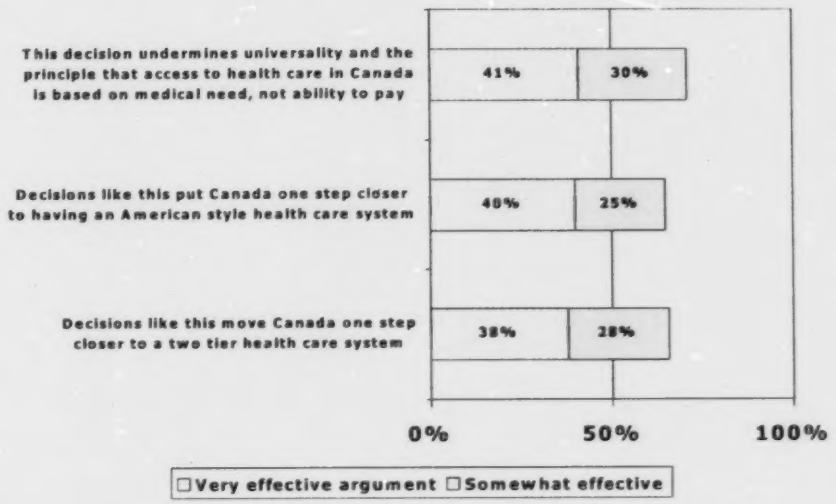
Figure 66: Attitudes toward Bill 11

The provincial government in Alberta recently announced its intention to allow regional health authorities to contract with private health care providers to provide some surgical services. The Government of Alberta's intent is to have these private providers operate under the jurisdiction of a regional health authority and that under this arrangement these private providers will be paid by the government and not by individual Albertans. From what you know, would you say...



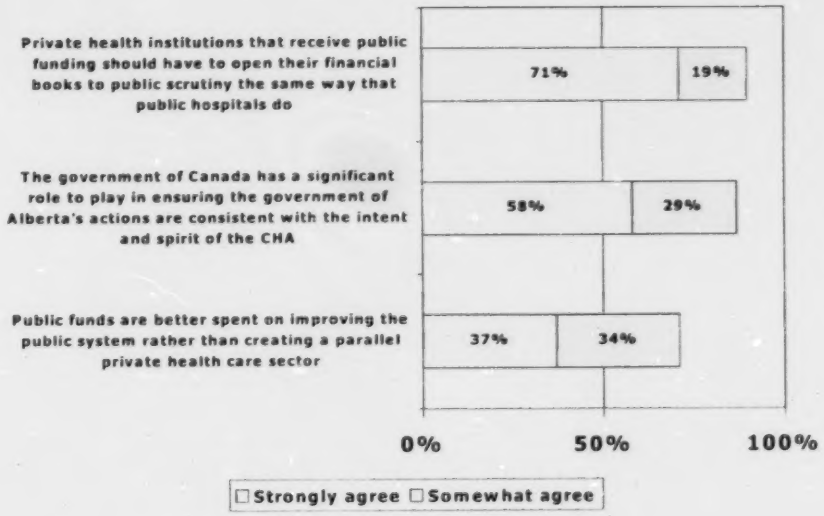
Source: Ipsos-Reid, April 1999.

Figure 67: Arguments in Opposition to Bill 11


This decision undermines universality and the principle that access to health care in Canada is based on medical need, not ability to pay
41%
30%
Decisions like this put Canada one step closer to having an American style health care system
48%
25%
Decisions like this move Canada one step closer to a two tier health care system
38%
28%
0%
50%
100%
Very effective argument
Somewhat effective

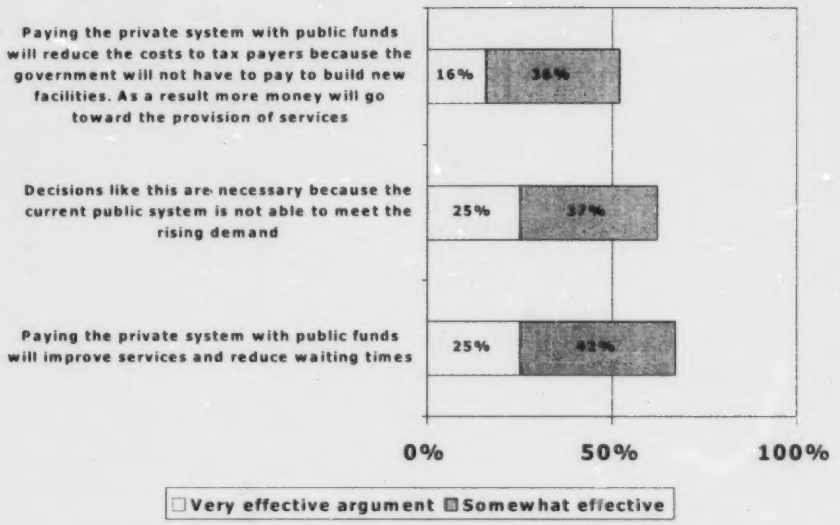
Source: Ipsos-Reid, 1999.

Figure 68: Arguments in Opposition to Bill 11 #2


Private health institutions that receive public funding should have to open their financial books to public scrutiny the same way that public hospitals do
71%
19%
The government of Canada has a significant role to play in ensuring the government of Alberta's actions are consistent with the intent and spirit of the CHA
58%
29%
Public funds are better spent on improving the public system rather than creating a parallel private health care sector
37%
34%
0%
50%
100%
Strongly agree
Somewhat agree

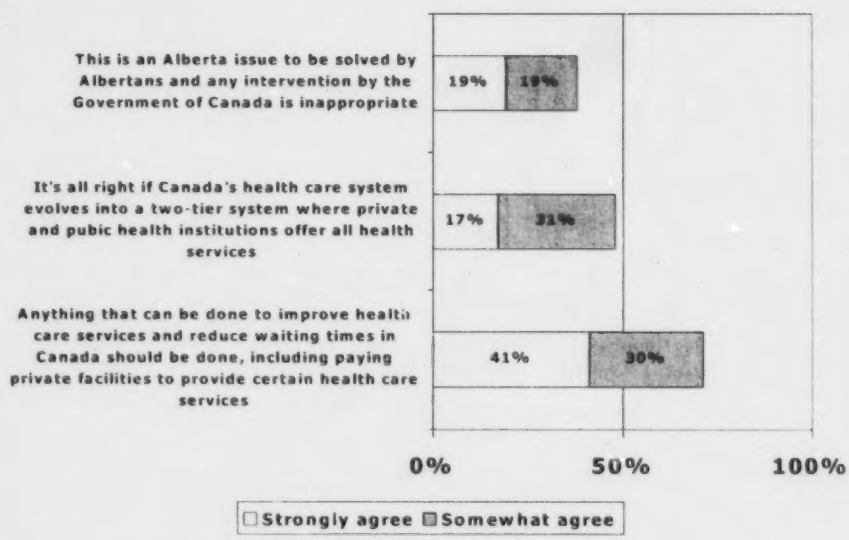
Source: Ipsos-Reid, 1999.

Figure 69: Arguments in Support of Bill 11


Paying the private system with public funds will reduce the costs to tax payers because the government will not have to pay to build new facilities. As a result more money will go toward the provision of services
16%
36%
Decisions like this are necessary because the current public system is not able to meet the rising demand
25%
37%
Paying the private system with public funds will improve services and reduce waiting times
25%
42%
0%
50%
100%
Very effective argument
Somewhat effective

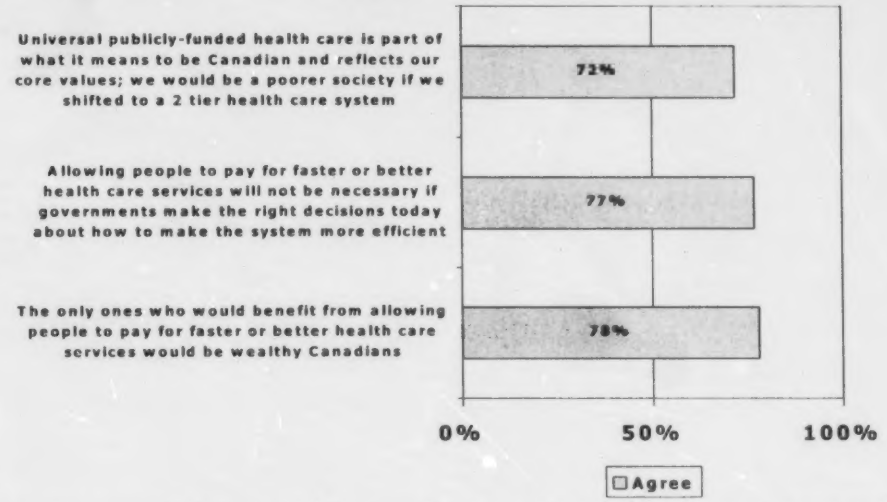
Source: Ipsos-Reid, 1999.

Figure 70: Arguments in Support of Bill 11 #2


This is an Alberta issue to be solved by Albertans and any intervention by the Government of Canada is inappropriate
19%
19%
It's all right if Canada's health care system evolves into a two-tier system where private and pubic health institutions offer all health services
17%
31%
Anything that can be done to improve health care services and reduce waiting times in Canada should be done, including paying private facilities to provide certain health care services
41%
30%
0%
50%
100%
Strongly agree
Somewhat agree

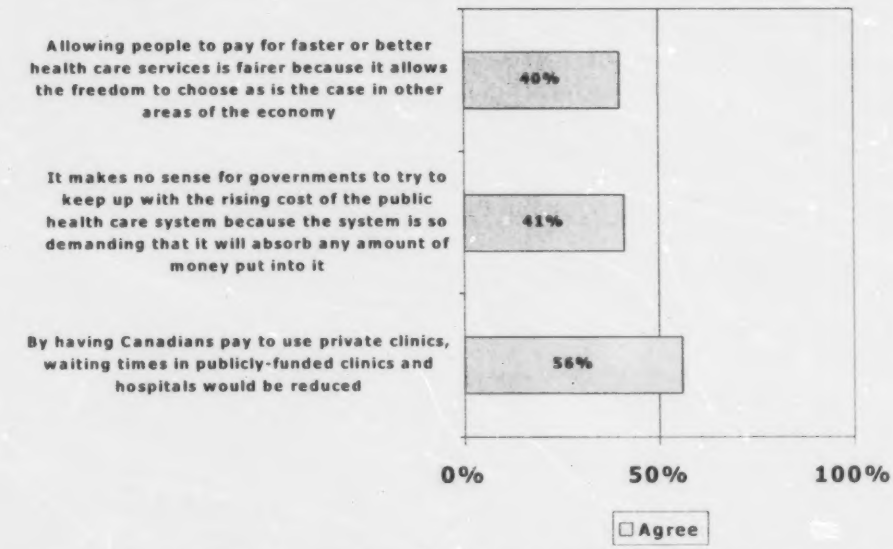
Source: Ipsos-Reid, 1999.

Figure 71:
Arguments in Opposition to Privatization


Universal publicly-funded health care is part of what it means to be Canadian and reflects our core values; we would be a poorer society if we shifted to a 2 tier health care system
72%
Allowing people to pay for faster or better health care services will not be necessary if governments make the right decisions today about how to make the system more efficient
77%
The only ones who would benefit from allowing people to pay for faster or better health care services would be wealthy Canadians
78%
0%
50%
100%
Agree

Source: Ekos Research Associates, 1999. Arguments introduced with: "Some people talk about the need to allow Canadians to buy quicker or higher quality care than what is offered by the publicly-funded health care system."

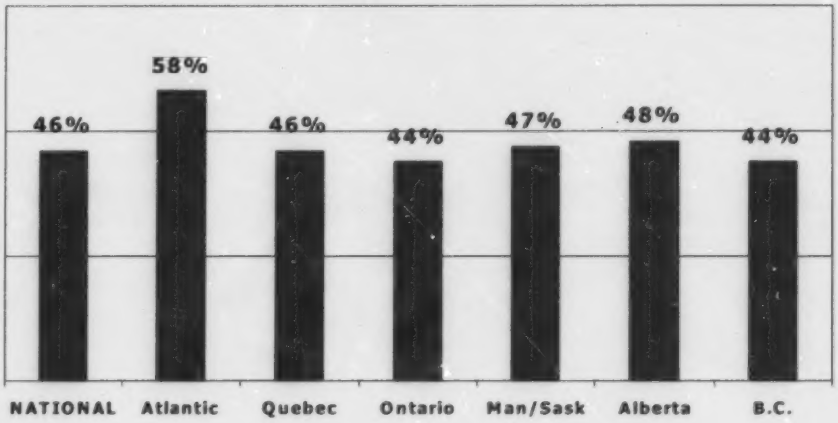
Figure 72:
Arguments in Support of Privatization


Allowing people to pay for faster or better health care services is fairer because it allows the freedom to choose as is the case in other areas of the economy
40%
It makes no sense for governments to try to keep up with the rising cost of the public health care system because the system is so demanding that it will absorb any amount of money put into it
41%
By having Canadians pay to use private clinics, waiting times in publicly-funded clinics and hospitals would be reduced
56%
0%
50%
100%
Agree

Source: Ekos Research Associates, 1999. Arguments introduced with: "Some people talk about the need to allow Canadians to buy quicker or higher quality care than what is offered by the publicly-funded health care system."

Figure 73: User Fees

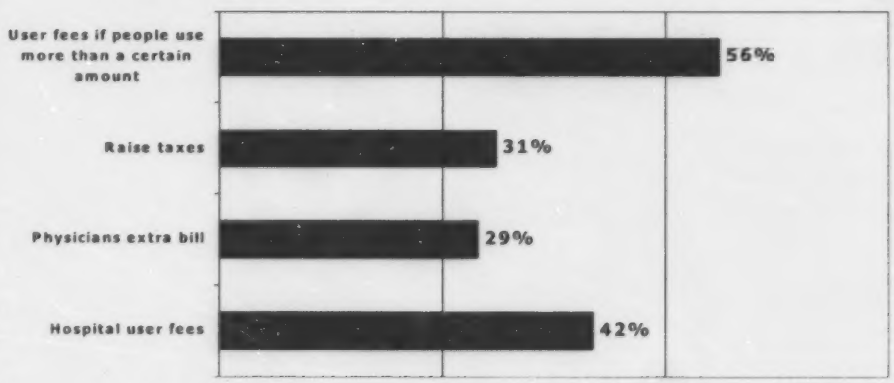
Thinking about the hospitals and your family use, do you agree that hospitals must charge because there is not enough money anymore? (percent saying "yes")



Source: Berger Health Monitor, 1995.

Figure 74: Options for Raising Funds

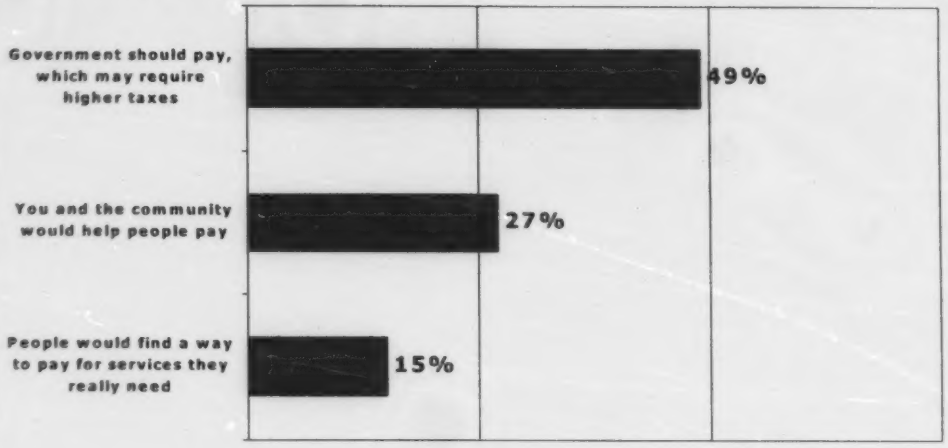
Keeping in mind that right now all Canadians are entitled to necessary health services without charge, if your provincial government had to increase its health care budget, please tell me if you would strongly approve, somewhat approve, somewhat disapprove or strongly disapprove of these ways to raise money to pay for health care costs?



Note: Percentage "strongly" and "somewhat" approving combined and presented.
Source: Berger Health Monitor. 1995

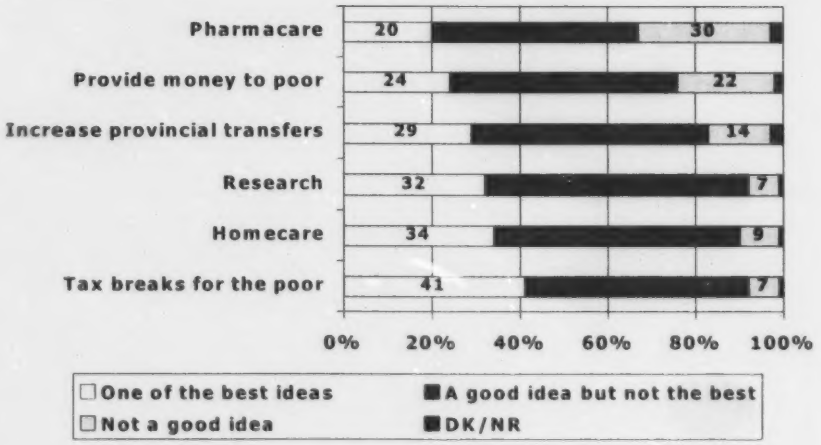
Figure 75: Deep Support for User Fees?

If you found that user fees discouraged sick people from getting the health services they needed, which of the following approaches would you choose for these people?


Government should pay, which may require higher taxes
49%
You and the community would help people pay
27%
People would find a way to pay for services they really need
15%

Source: Berger Health Monitor, 1995.

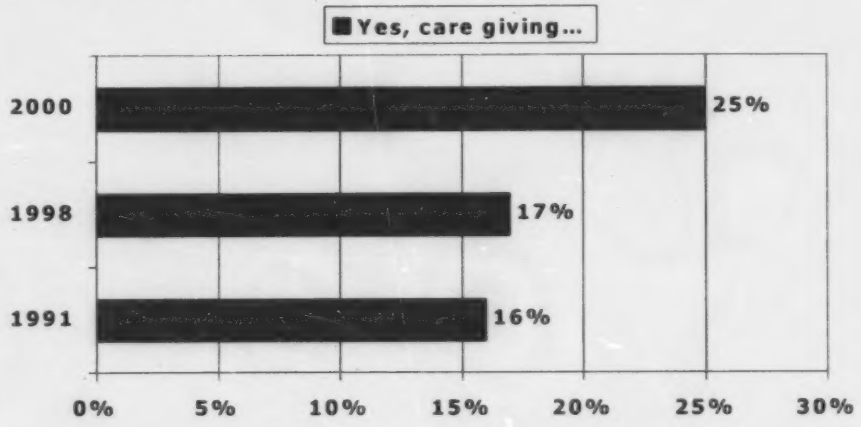
Figure 76: How Good an Idea Is Each of the Following?



DK/NR = don't know/no response.
Source: Earnscliffe/POLLARA, 1998.

Figure 77: Canadians Giving Informal Care

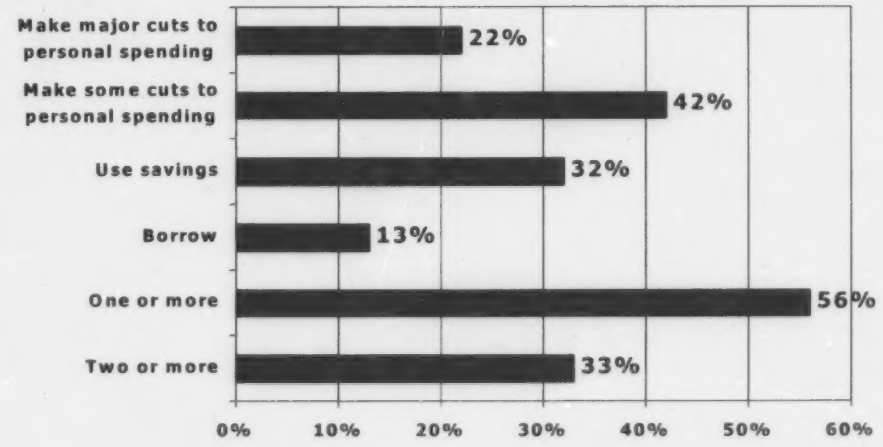
Are you giving care to anyone in or out of your home, a child or adult who needs care, attention, errands done for them or similar kinds of help?



Source: Berger Health Monitor, May 2000.

Figure 78: The Financial Burden of Informal Care

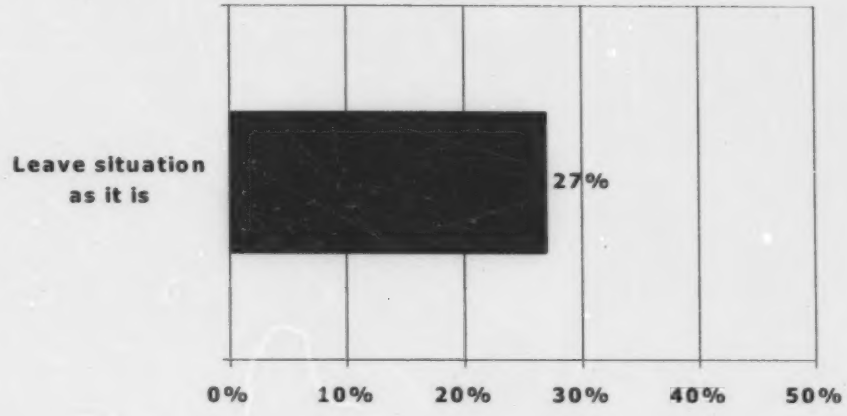
Among those providing informal care: Would you say that in helping out as you do, you have to...



Source: Berger Health Monitor, May 2000.

Figure 79: General Support for Pharmacare

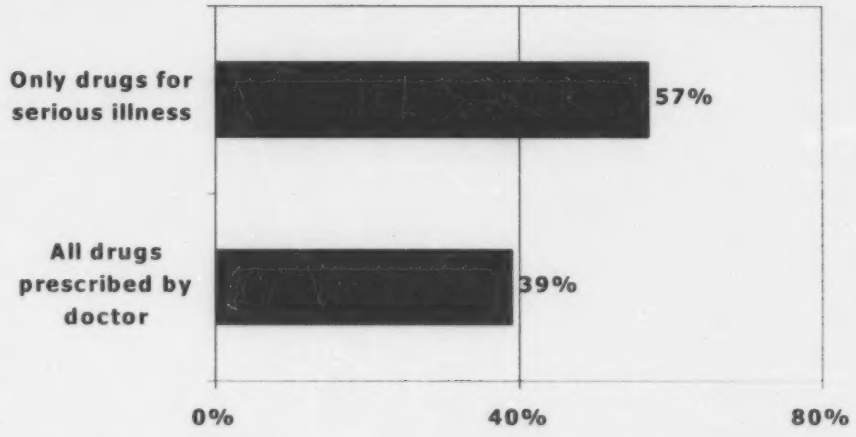
Among all the countries with national insurance programs, Canada is the only one that does not include prescription drugs as part of its national health care system. Do you believe Canada should leave the situation as it is or should it include prescription drugs?



Source: Berger Health Monitor, August 1998.

Figure 80: Pharmacare: What Drugs to Include?

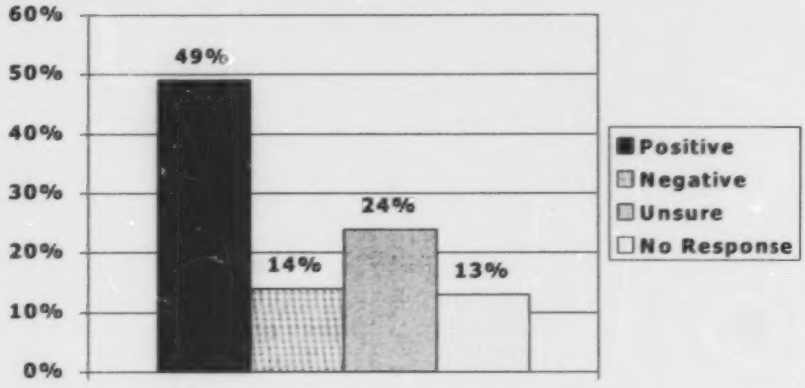
Keeping in mind that the more drugs that are included, the more expensive the program will be – if governments expanded the coverage for prescription drugs, should this increased coverage include...



Source: Berger Health Monitor, August 1988.

Figure 81:
Support for Primary Health Service Teams

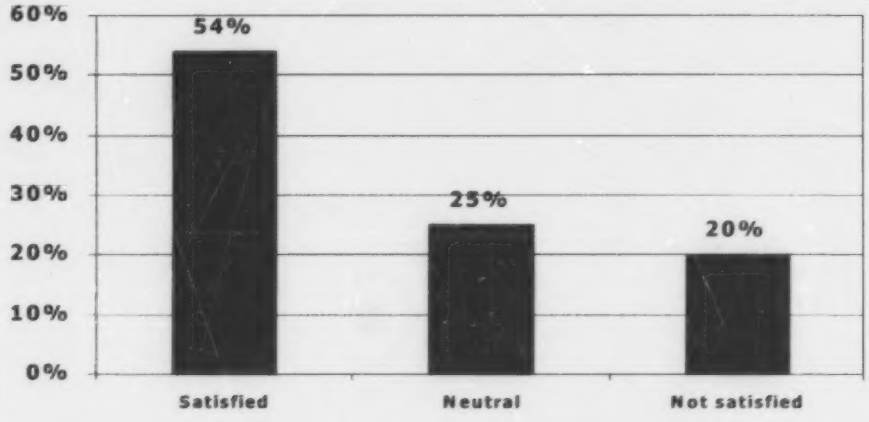
Delivering care through Primary Health Service Teams (PHST's) is another idea for everyday health care. These teams would include nurse practitioners, physicians, nutritionists, pharmacists, therapists and others working together. Some team members could serve more than one community. Services would be on call 24 hours a day, seven days a week. In general, do you think the PHST approach would be positive or negative for the quality of health services you receive?



Source: Saskatchewan Commission on Medicare, 2001.

Figure 82:
Doctors or Specialized Professionals?

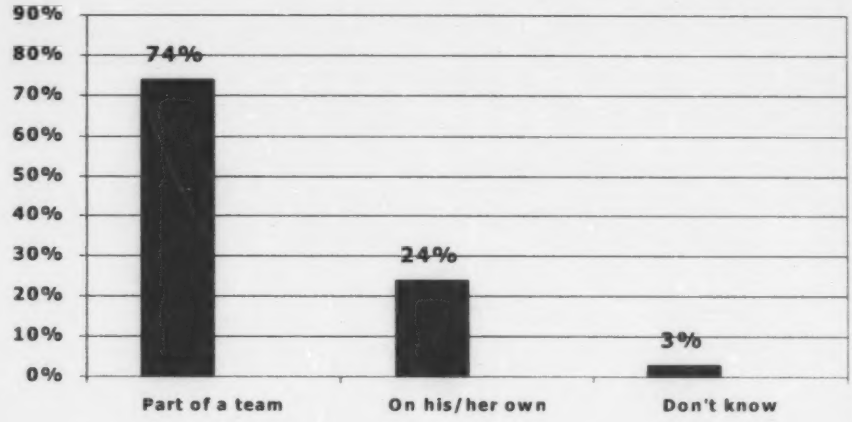
If you were in need of routine health care services, such as ear or throat infections managing diabetes, or monitoring high blood pressure, would you want to visit a doctor, or would you be satisfied with seeing a general or specialized nurse who works with a doctor?



Source: Ekos Research Associates, 2000.

Figure 83: Support for Team Practices

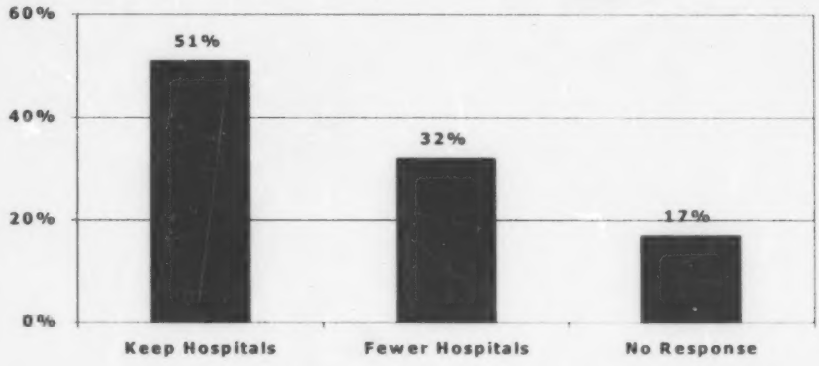
For the health care needs of you and your family, would you prefer a family doctor working as part of a team, or a family doctor practicing on his/her own?



Source: Ekos Research Associates, 1999.

Figure 84: Importance of Keeping Hospitals Open

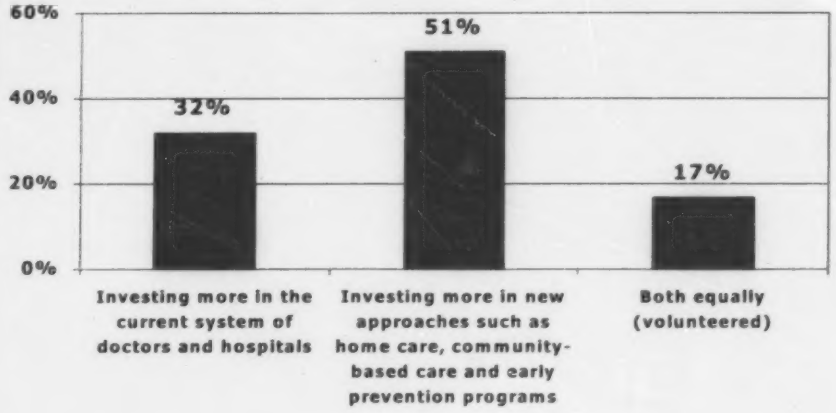
Below are two different views about how to make sure that people get everyday health services when they need them: 1. We should keep hospitals open in as many communities as we can; 2. We could have fewer hospitals if there were more ambulances and more trained ambulance staff available, and people could get hospital care in larger centres when needed.



Source: Saskatchewan Commission on Medicare, 2001.

Figure 85: Hospitals or Community Care?

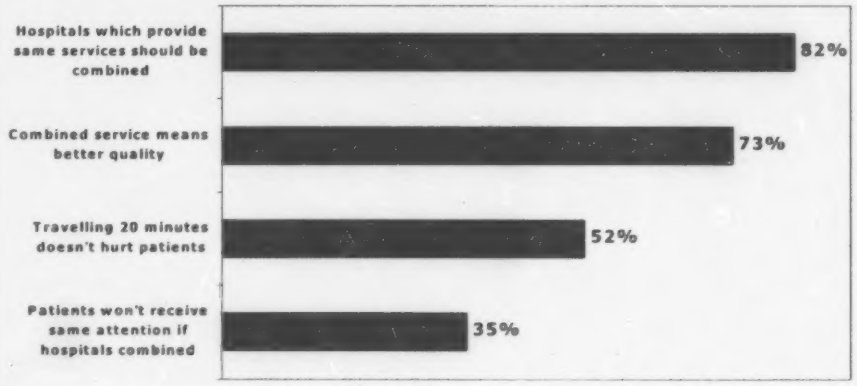
If you were responsible for improving the health care system in Canada, which of the following would you put more emphasis on?



Source: Ekos Research Associates, 1999.

Figure 86: Options for Hospital Restructuring

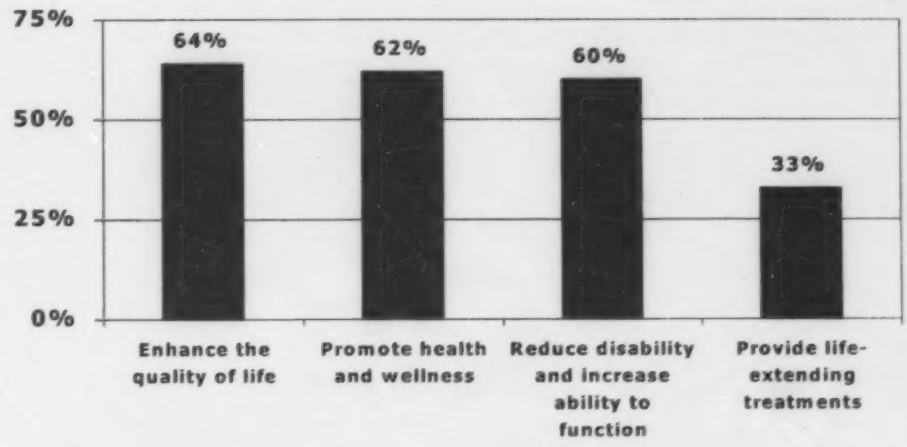
Thinking about hospitals you and your family use, please tell me whether you would strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following reasons for changing the way these hospitals provide services to the public?



Note: Percent "strongly" and "somewhat" agreeing combined and presented.
Source: Berger Health Monitor, 1995.

Figure 87: How Important Should Each of the Following Goals Be for the Health Care System?

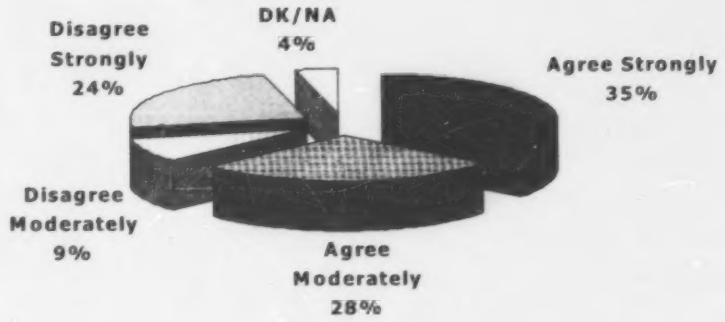
Percentage saying the goal should be "very important."



Source: Merck Frost/Pollara, 1999.

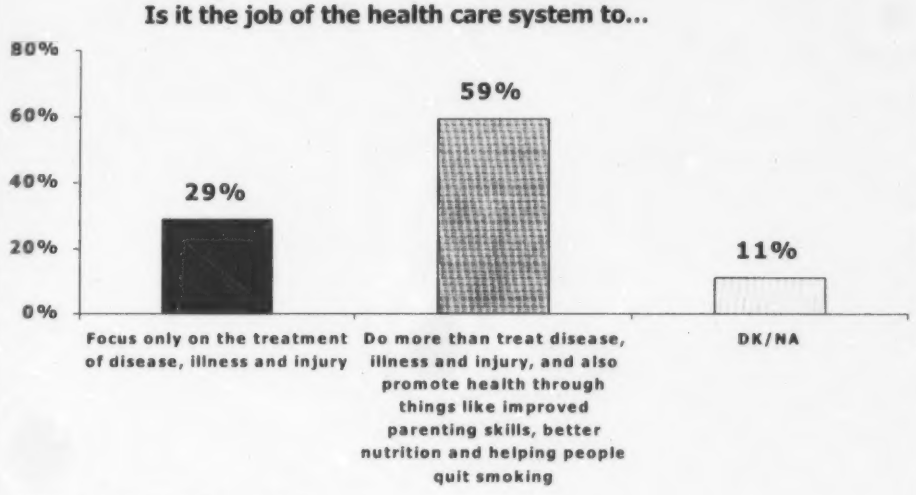
Figure 88: Physician Assisted Suicide

"There are some circumstances under which physicians should definitely be free to help patients commit suicide."



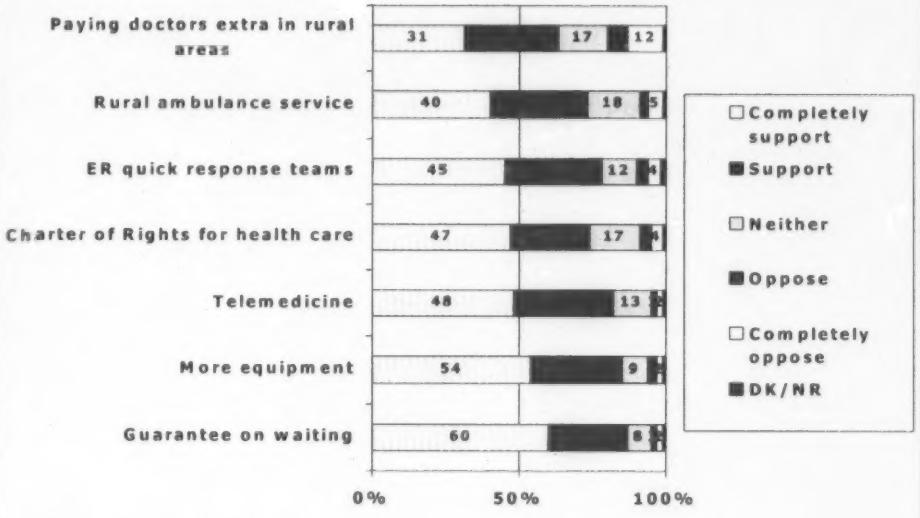
DK/NA = don't know/not applicable.
Source: Ipsos-Reid, September 1995.

Figure 89: Treating Disease or Promoting Health?


Is it the job of the health care system to...
80%
60%
40%
20%
0%
29%
59%
11%
Focus only on the treatment of disease, illness and injury
Do more than treat disease, illness and injury, and also promote health through things like improved parenting skills, better nutrition and helping people quit smoking
DK/NA

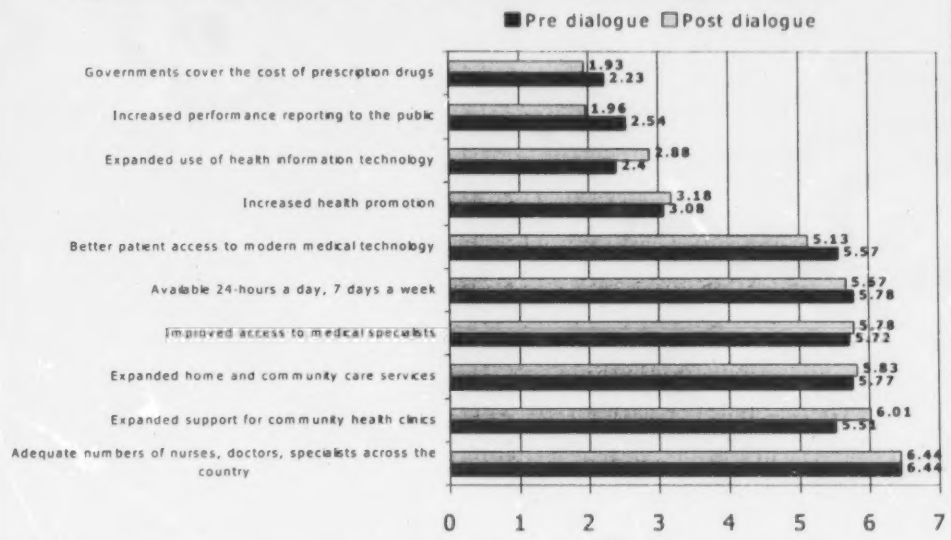
DK/NA = don't know/not applicable.
Source: Saskatchewan Commission on Medicare, 2001.

Figure 90: Short-Term Policy Options



DK/NR = don't know/no response.
Source: Earnscliffe/POLLARA, 1998.

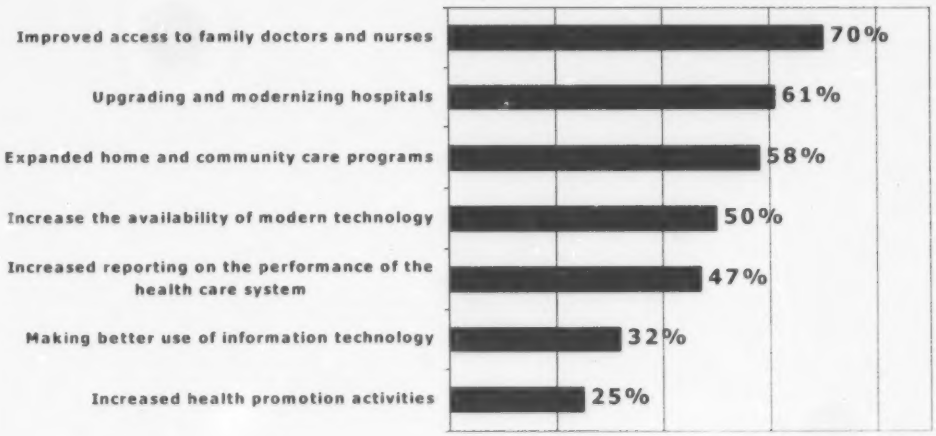
Figure 91: Importance of Various Goals



Note: Respondents were asked to rank each goal in order of importance. Score of 10 indicates "most important."
Source: Ekos Research Associates, 2000.

Figure 92: Preferences for Spending

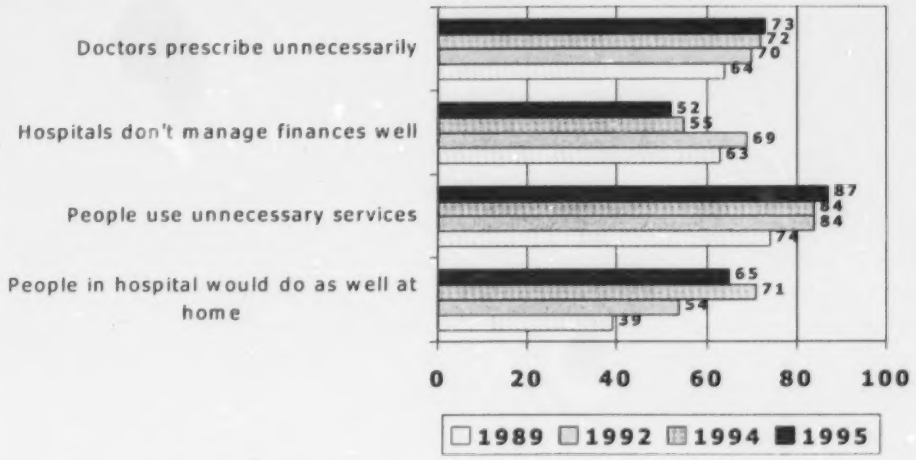
If you were Prime Minister for a day and had an additional $1 billion to invest in health care, which would be in the best interest of the public?



Source: Ekos Research Associates, 2000. Responses presented in a series of random pair choices.

Figure 93: Causes of Inefficiency

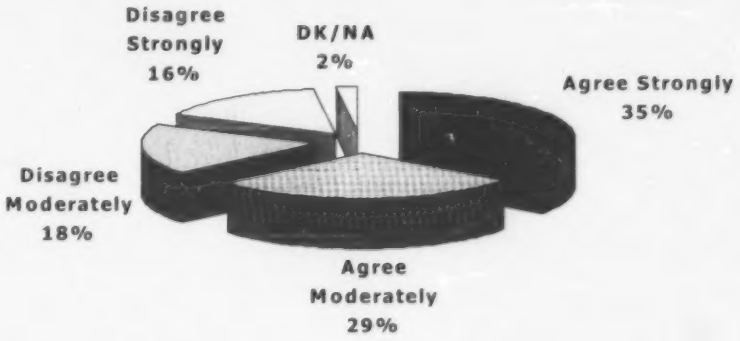
What are the leading causes of inefficiency in Canada's health care system?



Source: *Canada Health Monitor.*

Figure 94: Causes of Inefficiency: Do Doctors Abuse the System?

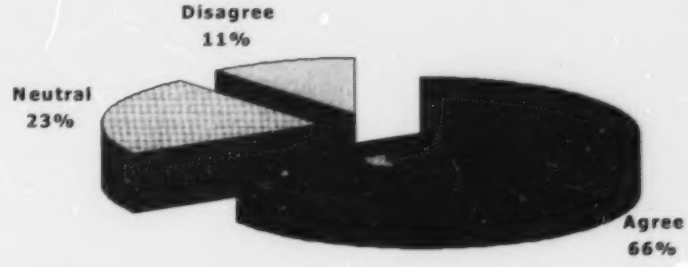
"I feel some doctors encourage people to come for more visits than are strictly necessary, in order to maintain income levels."



DK/NA = don't know/not applicable.
Source: Ipsos-Reid, September 1995.

Figure 95: Causes of Inefficiency: Do Patients Abuse the System?

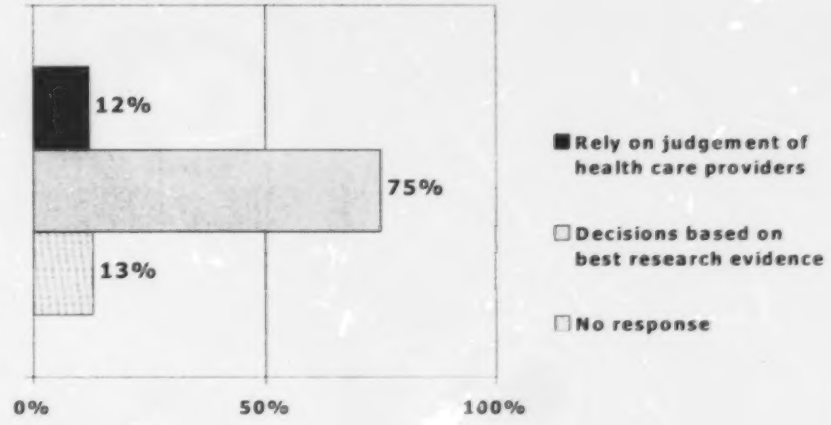
"Many Canadians misuse the health care system and this increases the costs."



Source: Ipsos-Reid, 2000.

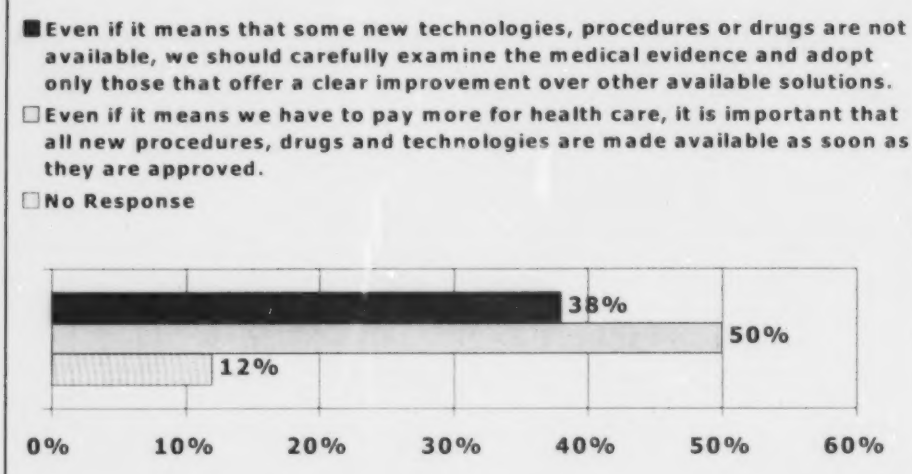
Figure 96: Two Views on Ensuring Quality

Should we rely only on the judgement and independence of health care providers, or should we ensure that decisions made by providers are supported by the best research evidence?



Source: Saskatchewan Commission on Medicare, 2001

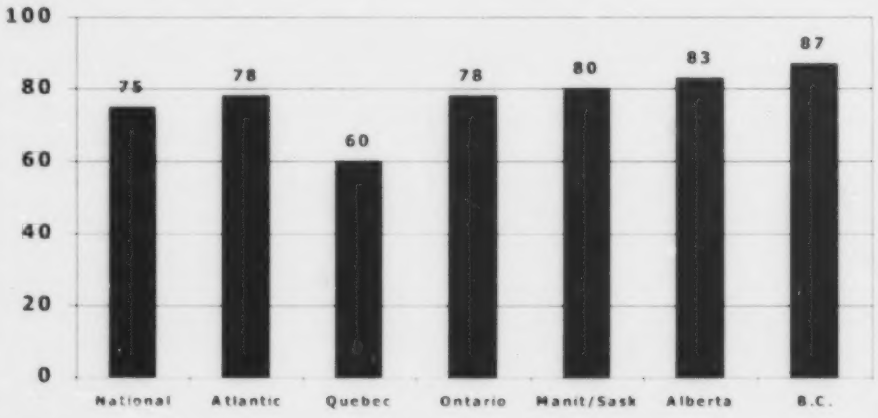
Figure 97:
Two Views on New Drugs and Procedures


Even if it means that some new technologies, procedures or drugs are not available, we should carefully examine the medical evidence and adopt only those that offer a clear improvement over other available solutions.
Even if it means we have to pay more for health care, it is important that all new procedures, drugs and technologies are made available as soon as they are approved.
No Response
38%
50%
12%
0%
10%
20%
30%
40%
50%
60%

Source: Saskatchewan Commission on Medicare, 2001.

Figure 98:
Willingness to Try Experimental Therapies

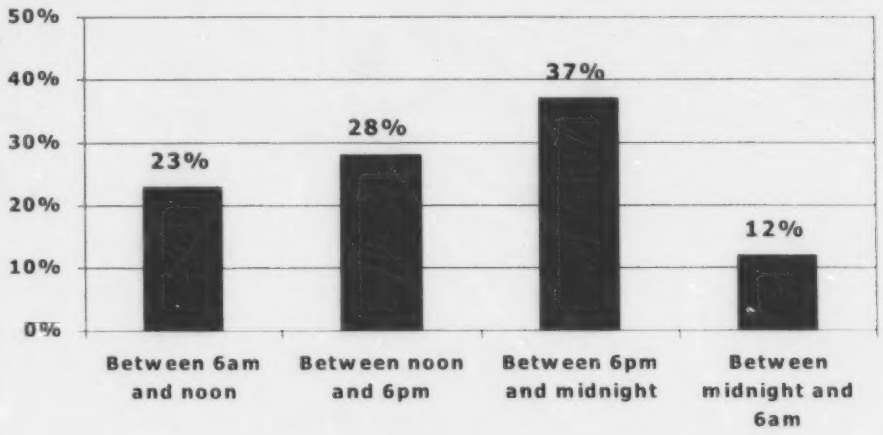
If you were very ill and conventional medicine did not work, should you have the right to try a therapy which was experimental and which could make you even sicker than you were?



Note: Percent responding "yes".
Source: Berger Health Monitor, March 2001.

Figure 99:
Hours of Hospital Emergency Use

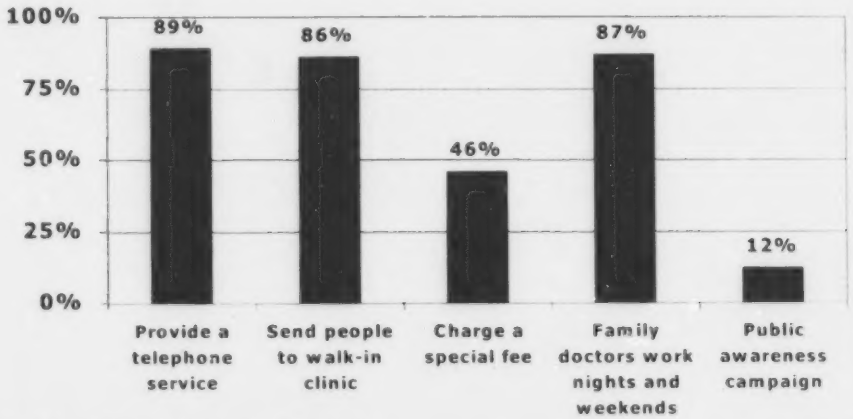
Thinking of the last time you went to the emergency room for yourself or somebody else, at approximately what time in the day or night did you go?



Source: Berger Health Monitor, March 1999.

Figure 100:
Alternatives to Hospital Emergency Service

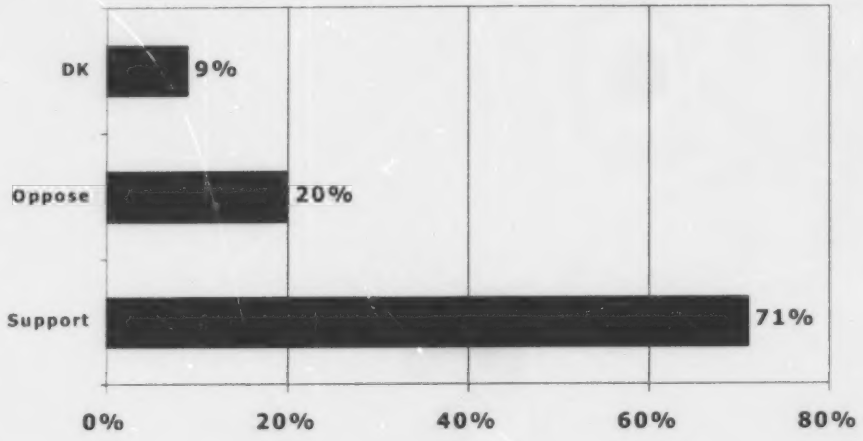
If hospitals wanted to discourage people who did not really have an emergency from using hospital emergency services, which ways would you approve of...



Source: Berger Health Monitor, March 1999.

Figure 101:
Support for Community Report Cards

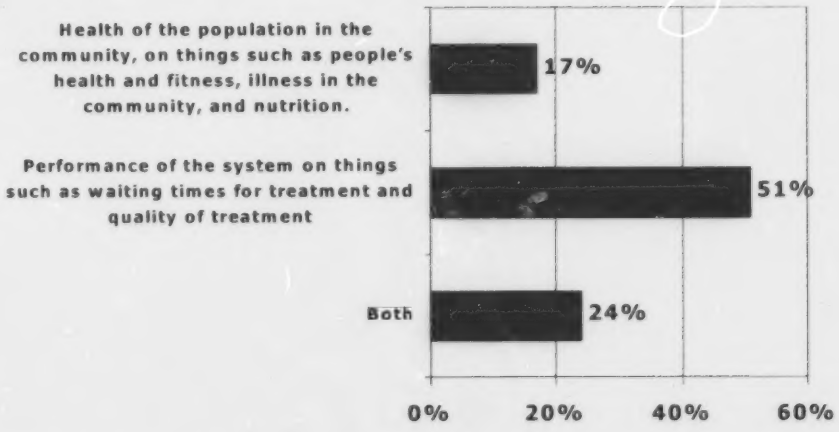
"The federal government should give report cards about how well each province is doing on things like health care and education."



Source: Cutler/Mendelsohn, Institute for Social Research, 2000.

Figure 102:
Focus of Community Report Cards

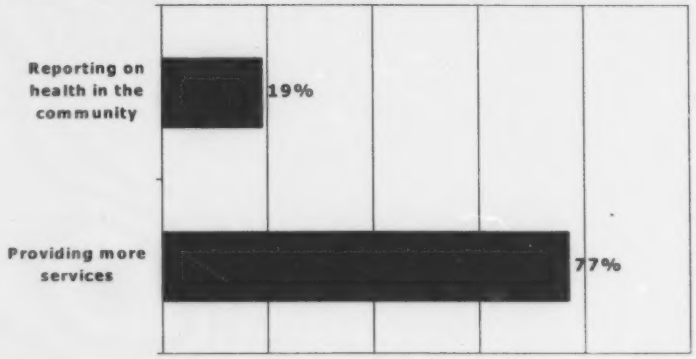
Some people have said there should be Community Report Cards on Health so that Canadians would have more information on health issues in their community. If community health cards were established, should they concentrate on..


Health of the population in the community, on things such as people's health and fitness, illness in the community, and nutrition.
17%
Performance of the system on things such as waiting times for treatment and quality of treatment
51%
Both
24%
0%
20%
40%
60%

Source: Berger Health Monitor, August 1998.

Figure 103: Importance of Community Report Cards

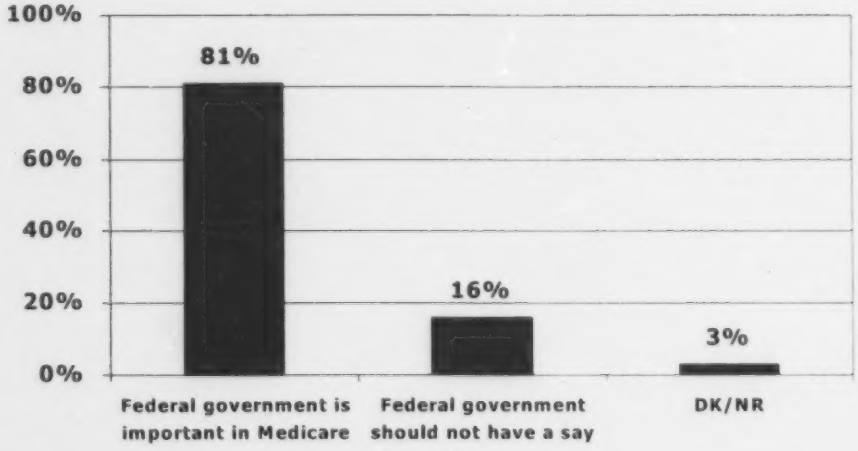
Setting up a system of health report cards in communities would cost several million dollars. Some people say that if we spend billions on health care we should spend at least a few million to let people know the state of health in their communities. Others say the money would be better spent on providing more health services . Would you prefer to spend "several million dollars" on...



Source: Berger Health Monitor, August 1998.

Figure 104: Role of the Federal Government

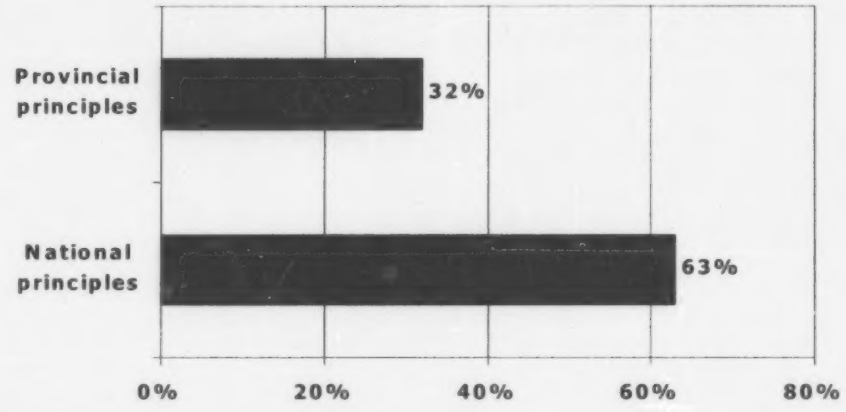
Which opinion reflects your view of what the federal government's role in Medicare should be?



DK/NR = don't know/no response.
Source: Earnscliffe/POLLARA, 1998.

Figure 105: Support for National Pharmacare

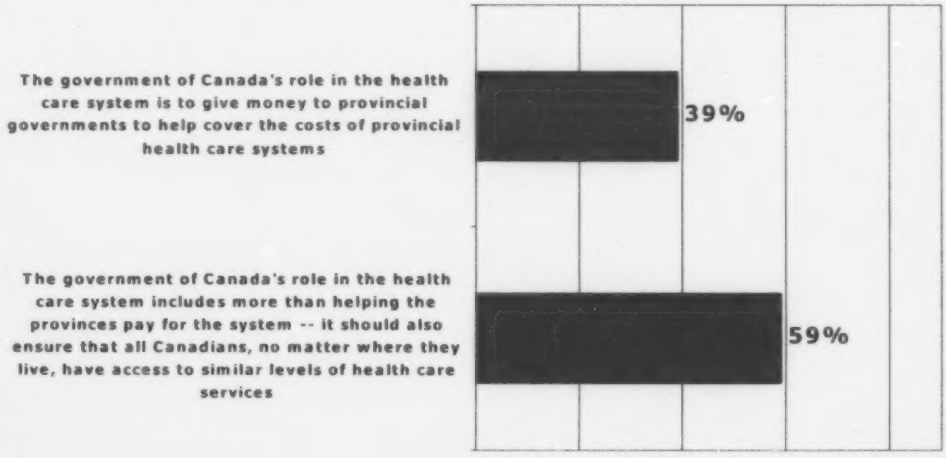
If there were a national pharmacare program, should the pharmacare program be based on a set of national principles or should each province have its own pharmacare principles?



Source: Berger Health Monitor, August 1998.

Figure 106: Federal Role

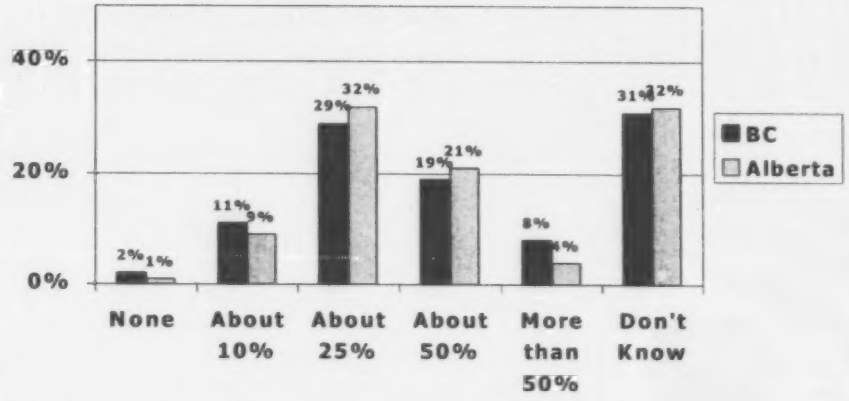
Which of the two following statements more closely reflects your own view?


The government of Canada's role in the health care system is to give money to provincial governments to help cover the costs of provincial health care systems
39%
The government of Canada's role in the health care system includes more than helping the provinces pay for the system -- it should also ensure that all Canadians, no matter where they live, have access to similar levels of health care services
59%

Source: Ekos Research Associates, 2000.

Figure 107: Federal Contribution to Health Care

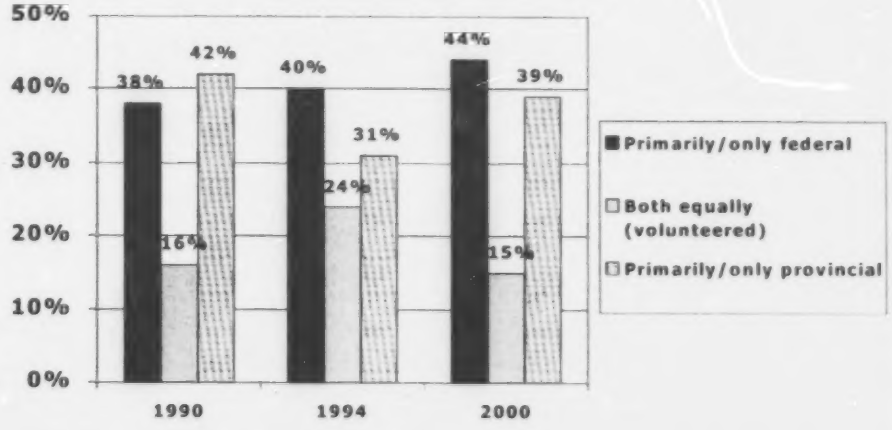
How much of the money for health care in your province comes from the federal government? Would you say it is about...



Source: Cutler/Mendelsohn, Institute for Social Research, 2000.

Figure 108: Under Whose Authority?

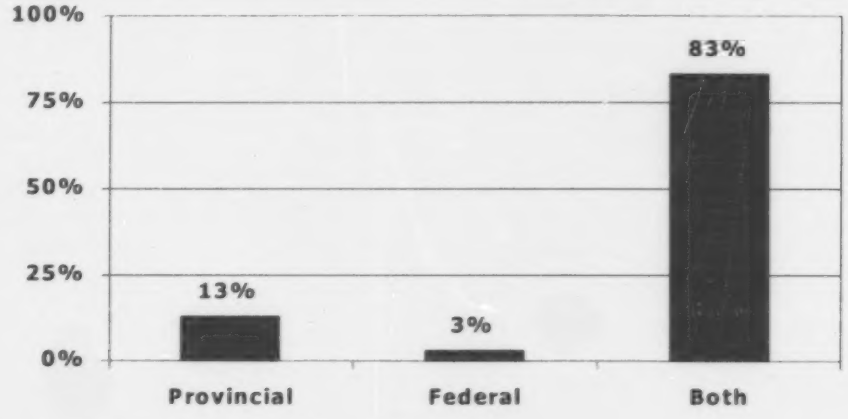
Please tell me whether you think each of these things should be under the authority of only the federal level of government, primarily the federal level of government, primarily the provincial level of government, or only the provincial level of government... health?



Source: Environics Focus Canada Surveys.

Figure 109: Who Should Take the Lead?

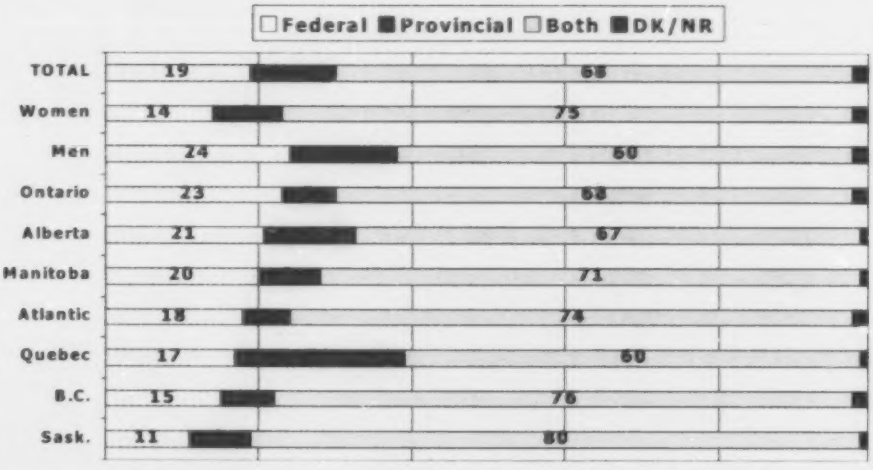
"Which government should be in charge of trying to fix problems with the health care system: the federal government, the provincial government, or should they have to work together on this?"



Source: Cutler/Mendelsohn, Institute for Social Research, 2001.

Figure 110: Who Should Lead?

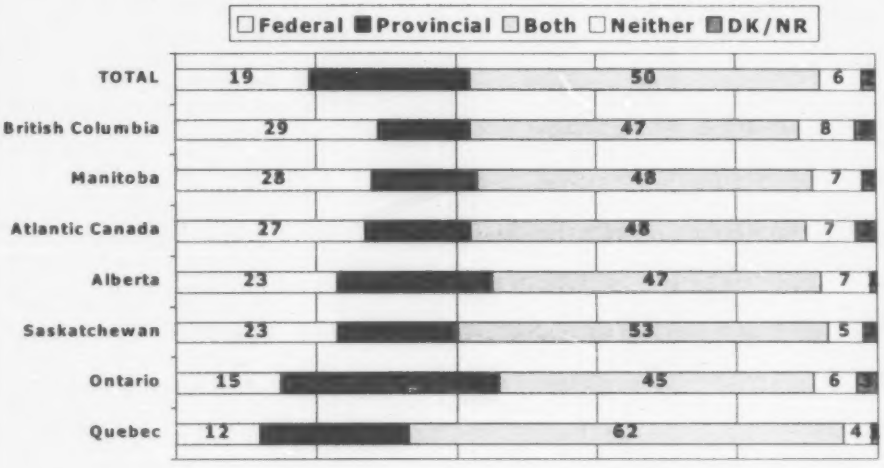
Which level of government is the most appropriate to take the lead role on health care?



DK/NR = don't know/no response.
Source: Earnscliffe/POLLARA, 1998.

Figure 111: Who Is to Blame?

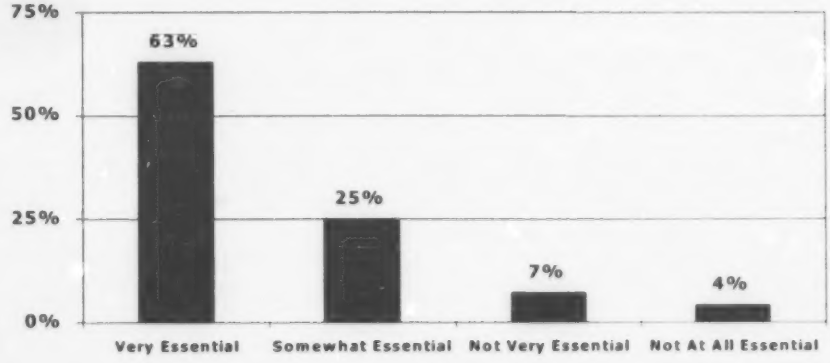
Who is to blame for the health care system's problems?



DK/NR = don't know/no response.
Source: Earnscliffe/POLLARA, 1998.

Figure 112: The Importance of National Standards

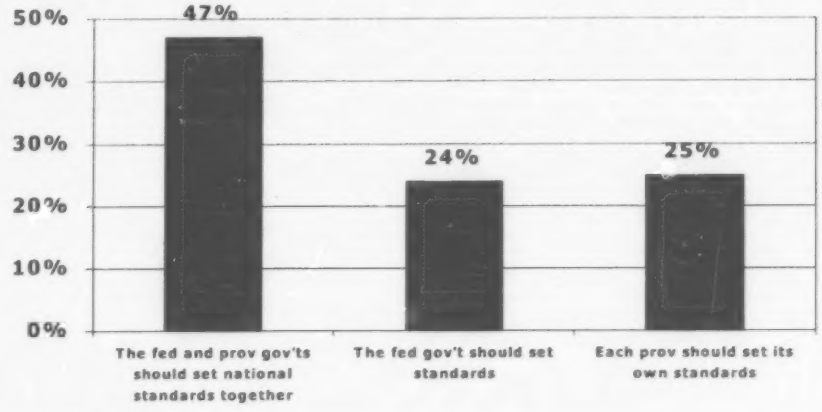
There's been some discussion recently about the issue of "national standards for health care" – that is, requiring all the provinces to provide the same basic accessibility and quality of health care. In your view, how essential is it to have national standards for health care across the country?



Source: Ipsos-Reid, March 1996.

Figure 113:
Who Should Set National Standards?

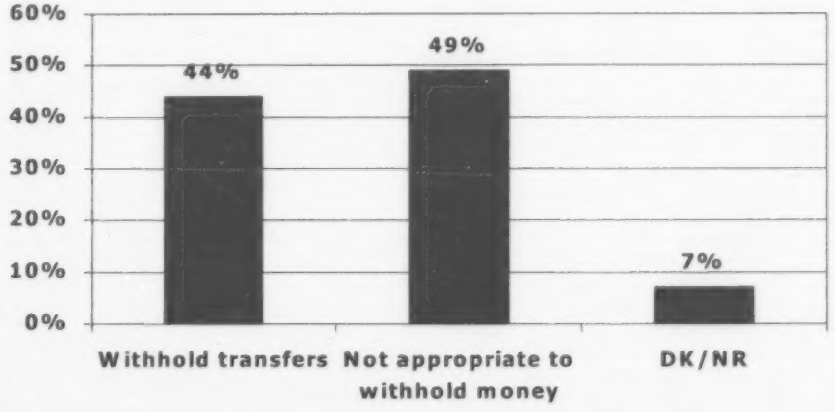
In Canada, different provinces often have different standards for things like health care. Which of the three following statements most closely reflects your own view:



Source: Cutler/Mendelsohn, Institute for Social Research, 2000.

Figure 114:
Enforcement of the Canada Health Act

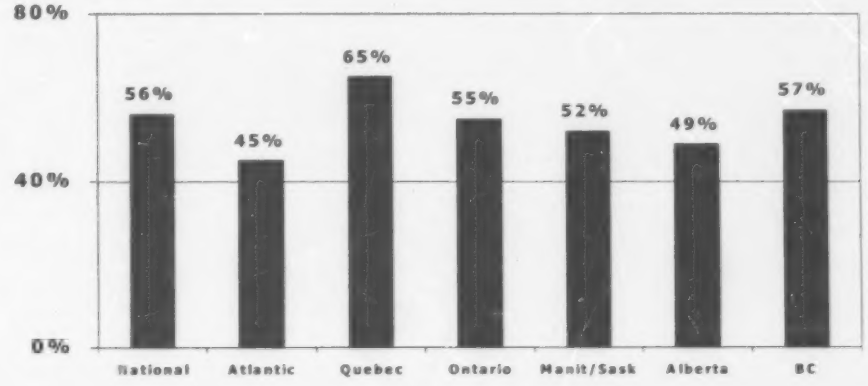
Should the federal government enforce the Canada Health Act by withholding transfers?



DK/NR = don't know/no response.
Source: Earnscliffe/POLLARA, 1998.

Figure 115:
Regional Variations on Withholding Money

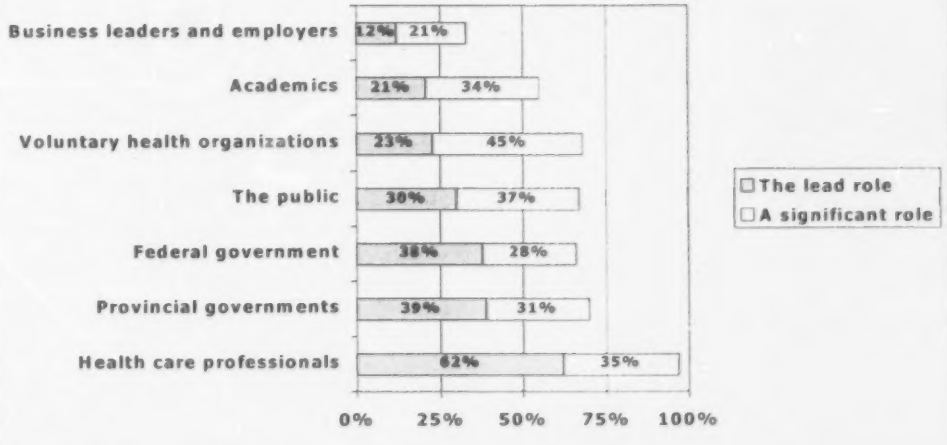
Would you strongly support, somewhat support, somewhat oppose or strongly oppose withholding federal government funds from those provinces which do not meet the five principles (defined in previous question)?



Note: Percentages report total "support."
Source: Berger Health Monitor, 1995.

Figure 116:
Who Should Be Involved in Policy?

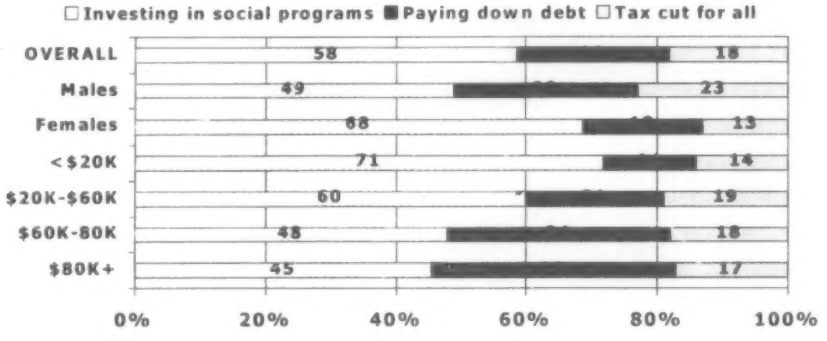
"Who should play a lead role in setting policies to protect patients and ensure the best care?"



Source: Merck Frost/Pollara, 1999.

Figure 117: Spending on Social Programmes: Socioeconomic Differences

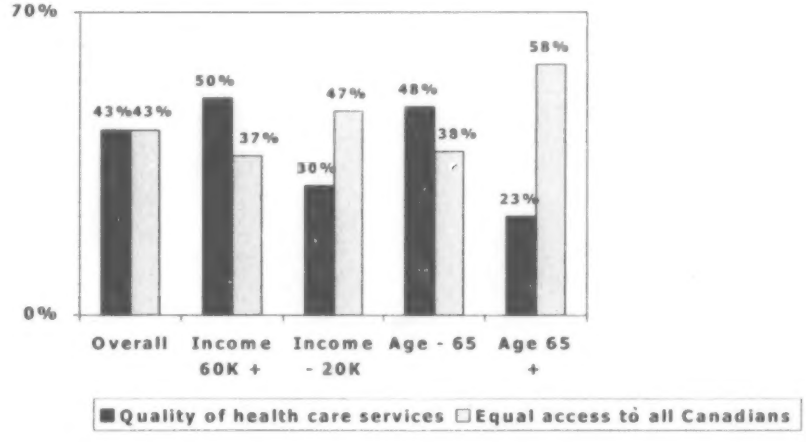
In planning its budget for next year, which of the following do you think the Government of Canada should put the most emphasis on?



Source: Ekos Research Associates, Health Issues Tracking Survey, December 1998.

Figure 118: Quality and Access Trade-off: Socioeconomic Differences

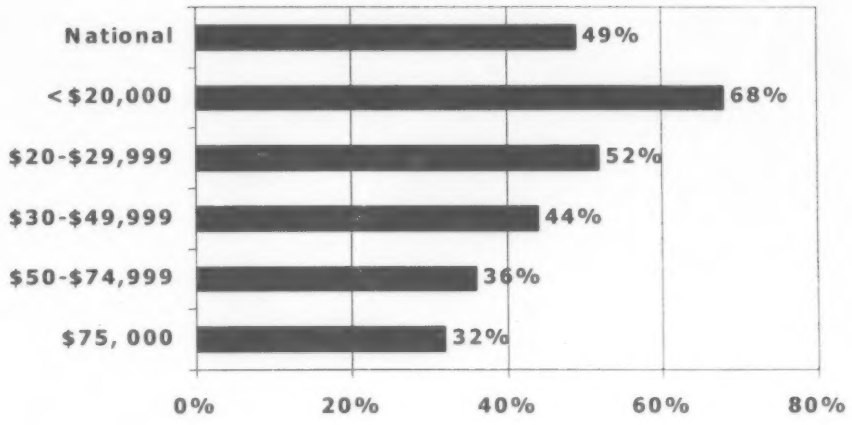
Which of the following aspects of health care is of greatest importance to you?



Source: Ekos Research Associates, 2000.

Figure 119: Support for Pharmacare: Sociodemographic Differences

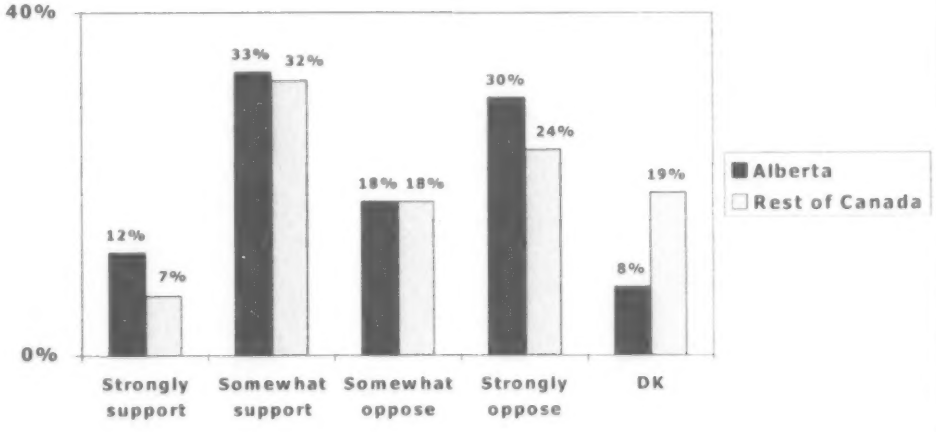
Do you think the Canada Health Act should be extended to cover prescription drugs?



Note: Percentage saying "yes."
Source: Berger Report, *Canada Health Monitor*, May-July 1996.

Figure 120: Regional Variations on Privatization Models?

Do you personally strongly support, somewhat support, somewhat oppose, or strongly oppose the proposal put forward by Premier Klein? (Bill 11 proposal defined in earlier questions.)



DK = don't know.
Source: Ipsos-Reid, 1999.